

RECEIVED

JAN 26 1954
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise.</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jt. Luises</u>		d. STREET ADDRESS (If rural, give location) <u>2720 N. 29th.</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 1 - 1954.</u>
7. FATHER'S NAME a. (First) <u>Fred</u> b. (Middle) <u>Rustin</u> c. (Last) <u>Andrews. Jr</u>	8. COLOR OR RACE <u>White.</u>		
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise Idaho.</u>	11a. USUAL OCCUPATION <u>Parts man</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Boise Auto Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Sessman</u>	13. COLOR OR RACE <u>White.</u>		
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Roswell, Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Fred. R. Andrews. Jr.</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes... <u>X</u> No... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown - Autopsy to be performed - 36.6</u>	
		20b. MATERNAL CAUSES <u>Placental Ischemia -</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy + Repair</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Robert W. Brooks, M.D.</u> (Specify if M, D., midwife, or other)	23b. DATE SIGNED <u>1-2-54</u>
23c. ATTENDANT'S ADDRESS <u>Boise, Ida.</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, OR REMOVAL (Specify)	25b. DATE <u>1/13/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>A. L. L. Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-8-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>John C. McCarter, M.D. Boise</u>	

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FEB 5 - 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 002

Local Reg. No. 22

Reg. Dist. No. 370

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 1710 N. 29th	
3. CHILD'S NAME (Type or Print) Lannie C. Dunn			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan 21 1954
7. FATHER'S NAME a. (First) William b. (Middle) H. c. (Last) Dunn		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Boise Idaho	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Garage
12. MOTHER'S MAIDEN NAME a. (First) Bobbie b. (Middle) Jean c. (Last) Dawson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Margie Simpson			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None Determined 20b. MATERNAL CAUSES None Determined.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE		22. STATE ALL OPERATIONS FOR DELIVERY Median Episiotomy.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife or other) Daniel 23b. DATE SIGNED 1-25-54	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL Schreiber-McCann-Gibson	TITLE Boise
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 23 1954	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 1-27-54		26. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson Daniel B. Gibson	

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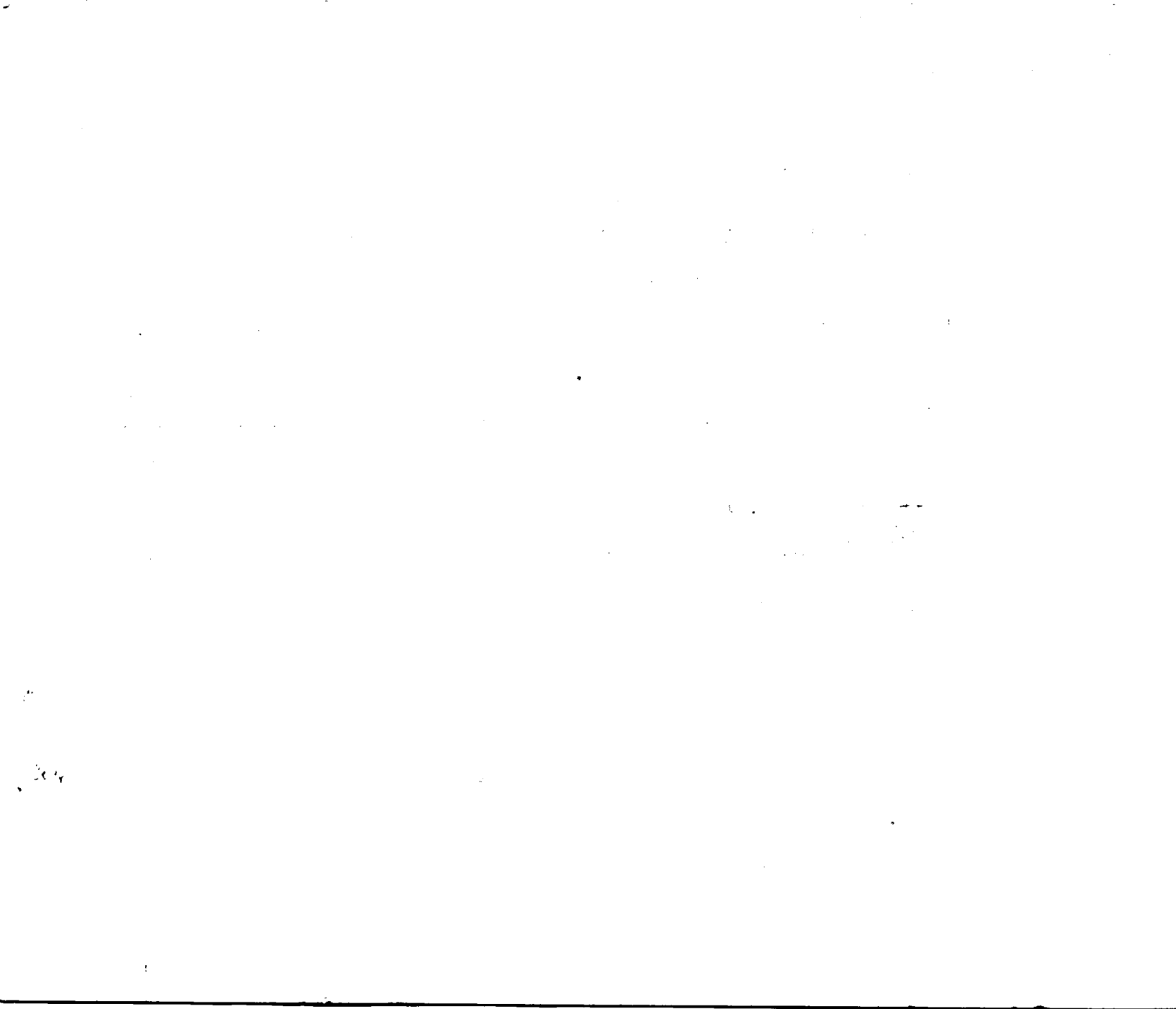
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Division of Vital Statistics

State of Idaho

State File No. 003
Local Reg. No. 46
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>552 Cedar</u>	
3. CHILD'S NAME (Type or Print) <u>LINDA JUNE NANSON</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 13, 1954</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>W.</u> c. (Last) <u>Nanson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	11a. USUAL OCCUPATION <u>Co-owner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Nanson Dry Cleaners</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Katherine</u> b. (Middle) <u>June</u> c. (Last) <u>Clark</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Paul, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Katherine Nanson</u> Mother			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Autopsy reveals no cause</u>	
		20b. MATERNAL CAUSES <u>none apparent</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:12</u> A. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Farrell Howard M.D.</u>	
		23b. DATE SIGNED <u>1-16-54</u>	
23c. ATTENDANT'S ADDRESS <u>Seeville, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>By: Geo. W. Knott</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 14, '54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountainview</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 10 1954</u> <u>Eva M. Wallin</u>		26. FUNERAL DIRECTOR ADDRESS <u>Downard Funeral Home Pocatello, Id.</u>	



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CERTIFICATE OF STILLBIRTH

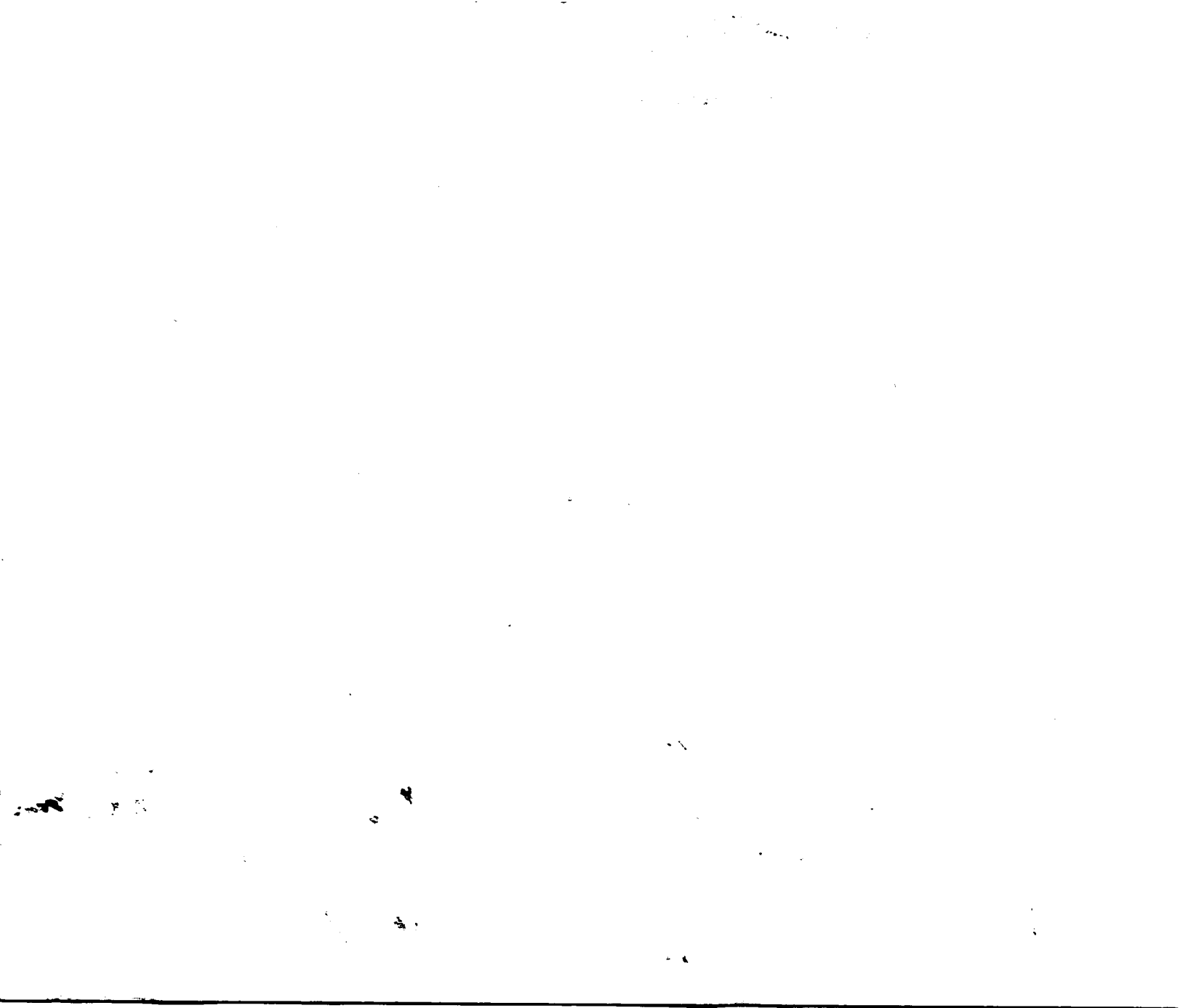
State of Idaho

State File No. 004

Local Reg. No. 27

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bingham		a. STATE Idaho	b. COUNTY Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) 295 Robertson	
3. CHILD'S NAME (Type or Print) NOT NAMED			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH January 9, 1954
7. FATHER'S NAME	a. (First) Harold	b. (Middle) Durward	c. (Last) Mangum
8. COLOR OR RACE White			
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	11a. USUAL OCCUPATION Warrant Officer	11b. KIND OF BUSINESS OR INDUSTRY National Guard
12. MOTHER'S MAIDEN NAME	a. (First) Margaret	b. (Middle) Hill	c. (Last) Hill
13. COLOR OR RACE White			
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Soda Springs, Ida.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? One	b. How many children were born alive but are now dead? None
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs. Harold Mangum Mother			
18a. LENGTH OF PREGNANCY 31 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Fetal anoxia due to : 36.1	
		20b. MATERNAL CAUSES Placenta praevia centralis	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:00 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. J. E. Smith, M.D.	23b. DATE SIGNED Jan. 11, 1954
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE W. W. Beck
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE Jan. 9, 1954	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
DATE REC'D BY LOCAL REG. Jan. 11 - 1954	REGISTRAR'S SIGNATURE Mrs. C. E. Smith	26. FUNERAL DIRECTOR (Acting)	ADDRESS



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CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

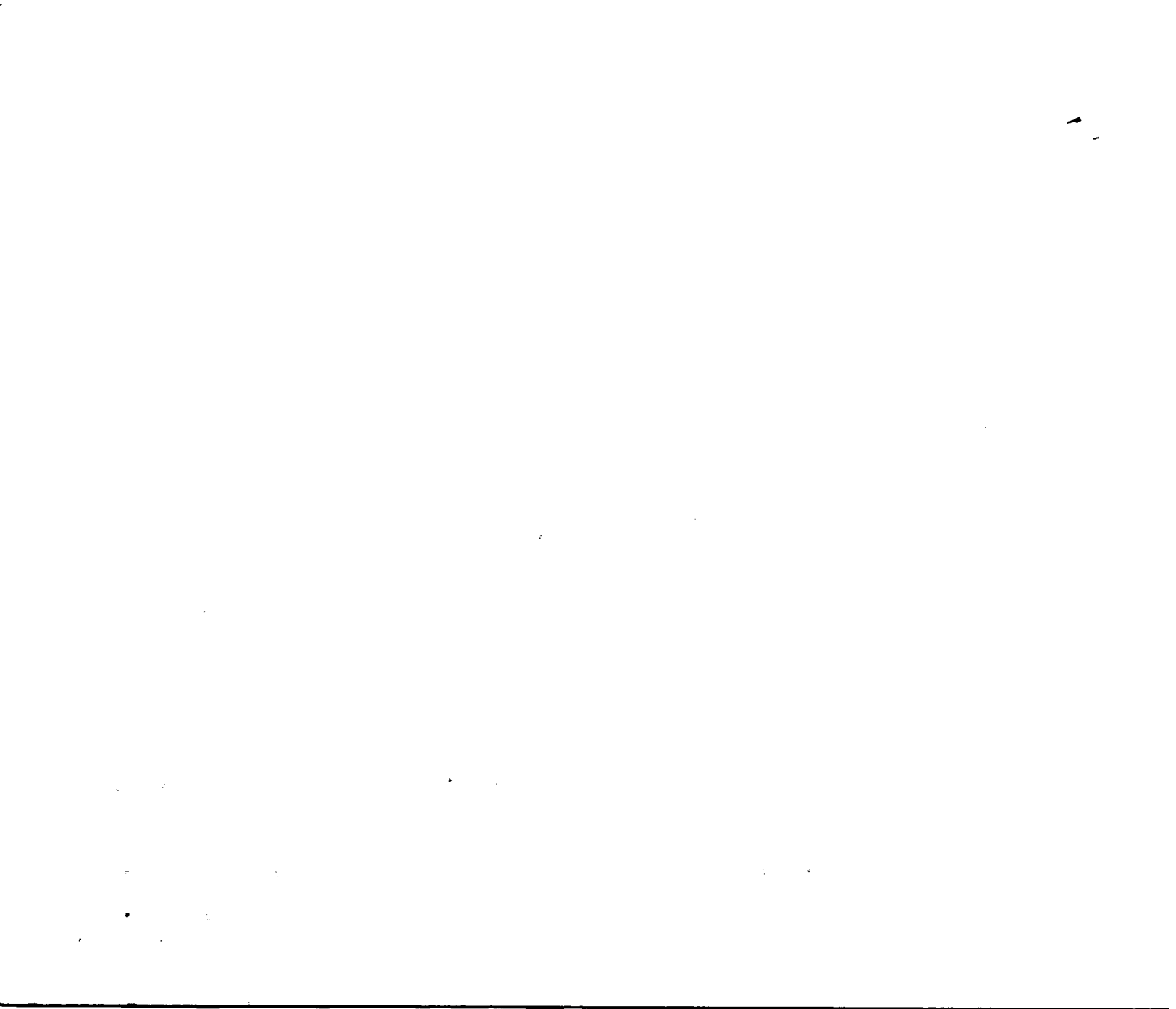
State of Idaho

State File No. 005

Local Reg. No. 422

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Blackfoot</u>		c. CITY OR TOWN <u>Pocatello,</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>137 Wayne Street</u>	
3. CHILD'S NAME (Type or Print) <u>Baby</u> <u>Da vis</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 25, 1954</u>
7. FATHER'S NAME a. (First) <u>Reo</u> b. (Middle) <u>Davis</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wendell, Idaho</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Joanne</u> b. (Middle) <u>Sadow</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pingree, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Record of Bingham Mem. Hospt.</u> <u>Clerk</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>?</u> LBS. <u>?</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>December</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Compressed Cord</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:50 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify, if M. D., midwife, or other) <u>AG Miller M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>	
23b. DATE SIGNED <u>Jan. 28, 1954</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John C. Sandberg</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 28, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Preston</u>	25d. LOCATION (City, town, or county) (State) <u>Preston, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>Jan 27 - 1954</u>		26. FUNERAL DIRECTOR <u>McHan Funeral Home</u> <u>Jack Henderson, Pocatello, Idaho.</u> by <u>John C. Sandberg</u> <u>Blackfoot, Idaho.</u>	



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FEB 8 - 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

State File No.

606

Local Reg. No.

Reg. Dist. No. 4.10

1. PLACE OF STILLBIRTH a. COUNTY <u>Blaine</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. V. Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleuve</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUN-VALLEY</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>JOHN COATES</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>1-25-54</u>
7. FATHER'S NAME a. (First) <u>LLOYD</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>COATES</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Belleuve Ida</u>	11a. USUAL OCCUPATION <u>miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lead-Silver</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>FLORENCE</u> b. (Middle) <u>FITZ</u> c. (Last) <u>WHITE</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mullen Ida</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Lloyd J. Coates</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Stillborn, Abruptio placentae</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>John R. Moritz, M.D.</u> (Specify if M., D., midwife, or other)	
		23b. DATE SIGNED <u>2-4-54</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE <u>1-28-54</u>	
		25c. NAME OF CEMETERY OR CREMATORY <u>Belleuve</u>	
		25d. LOCATION (City, town, or county) (State) <u>Belleuve Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Feb 5 - 1954</u>		26. FUNERAL DIRECTOR <u>Robert H. Wright - per Ray McGoldrick Hailley</u>	

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JAN 25 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 007

Local Reg. No. 8

Reg. Dist. No. 610

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION LDS Hospital		d. STREET ADDRESS (If rural, give location) 221 S Water	
3. CHILD'S NAME (Type or Print) Kevin Frandsen			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 1, 1954
7. FATHER'S NAME a. (First) Wardell Frandsen b. (Middle) c. (Last)			8. COLOR OR RACE White
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Iona, Idaho	11a. USUAL OCCUPATION Buttermaker	11b. KIND OF BUSINESS OR INDUSTRY Dairy
12. MOTHER'S MAIDEN NAME a. (First) Carmen b. (Middle) c. (Last) Bennett			13. COLOR OR RACE White
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Thatcher, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 21 weeks pregnancy)?	
17. INFORMANT Wardell Frandsen			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Miscarriage 20b. MATERNAL CAUSES Premature rupture of membranes	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. A. Davis M.D. 23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL Jack A. Wood TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1-2-54	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Jan. 30, 1954		REGISTRAR'S SIGNATURE Anna Bridges ADDRESS Idaho Falls, Idaho	

Davis

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 008
Local Reg. No. 2-54
Reg. Dist. No. 100

1. PLACE OF STILLBIRTH a. COUNTY <u>Boundary</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Boundary</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Bonnerr's Ferry</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Bonnerr's Ferry</u> TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>Community Hospital</u> INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Dwyla Yvonne Nelson</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 2, 1954</u>
7. FATHER'S NAME a. (First) <u>Barry</u> b. (Middle) <u>D.</u> c. (Last) <u>Nelson</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>22 years</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexford Montana</u>	11a. USUAL OCCUPATION <u>U.S. Coast Guard</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Dwyla</u> b. (Middle) <u>Fay</u> c. (Last) <u>Seehorn</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>22 years</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Spokane Washington</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Mrs. E. Nelson</u>			
18a. LENGTH OF PREGNANCY <u>41</u> WEEKS	18b. WEIGHT AT BIRTH <u>9</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Compression of cord by after-coming head in frank breech presentation in primigravida.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Frank breech - dystocia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:30 a.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Dr. W. D. Dwyer M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Bonnerr's Ferry Idaho</u>	
23b. DATE SIGNED <u>1/8/54</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>January 4, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Porthill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boundary County Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan 8 1954</u>	REGISTRAR'S SIGNATURE <u>R. M. Bonner</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Bonnerr's Ferry Idaho</u>

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

RECEIVED

CERTIFICATE OF STILLBIRTH

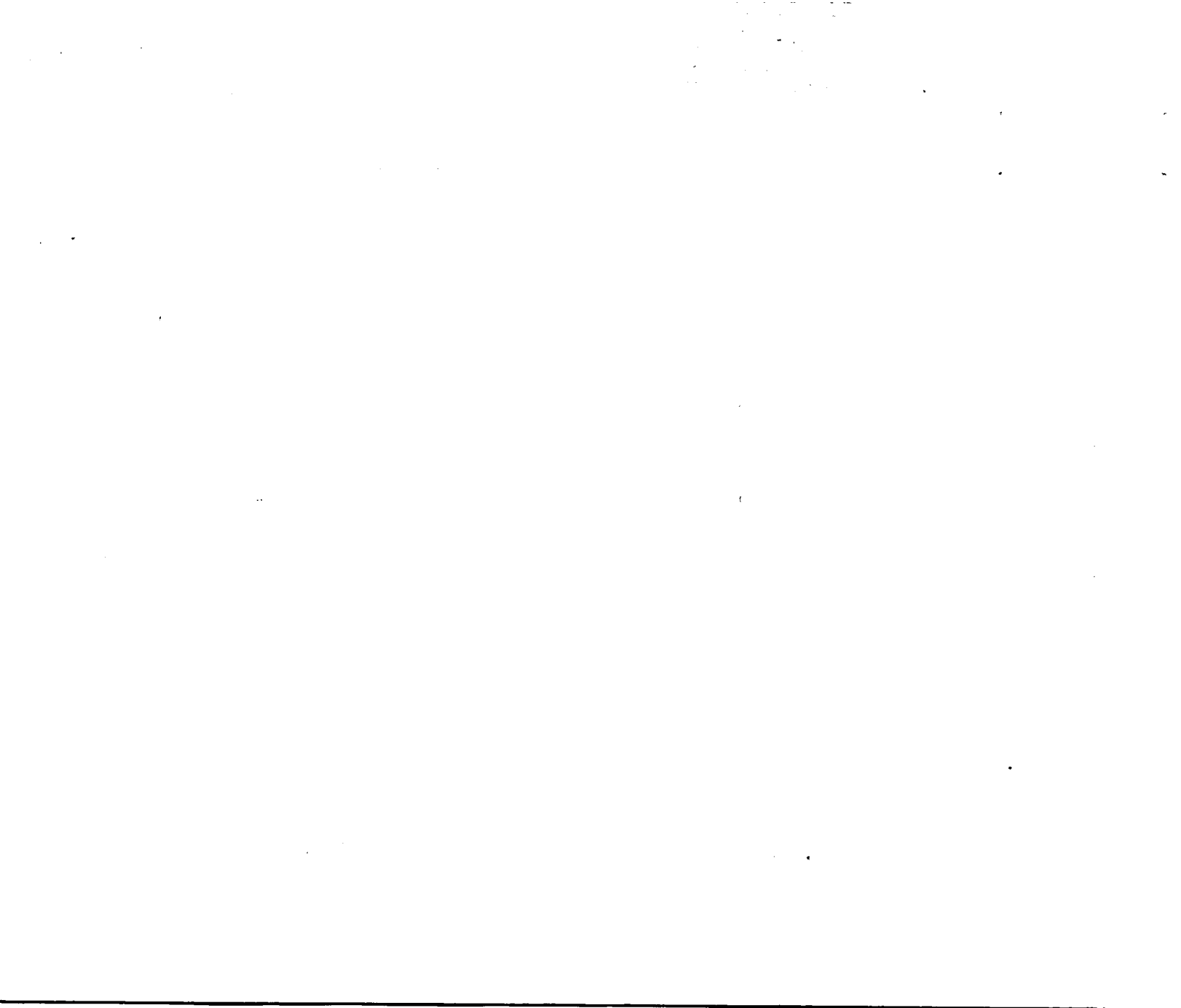
1946 Revision of Standard Certificate)

JAN 12 1954

State of Idaho

State File No. 009
Local Reg. No. 1652
Reg. Dist. No. 420

1. PLACE OF STILLBIRTH a. COUNTY Gooding		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King Hill	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gooding Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Jim Bruce Henderson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 2, 1954
7. FATHER'S NAME a. (First) Hubert b. (Middle) Russell c. (Last) Henderson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Bliss, Idaho	11a. USUAL OCCUPATION Rancher	11b. KIND OF BUSINESS OR INDUSTRY Farmer
12. MOTHER'S MAIDEN NAME a. (First) Naioma b. (Middle) Rachel c. (Last) Blood		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Parma, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Hubert Henderson</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Immaturity, Intra uterine atelectasis</i> 29.5 20b. MATERNAL CAUSES <i>Early labor</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <i>Marion V. Knight</i> 23c. ATTENDANT'S ADDRESS <i>Gooding, Idaho.</i>	
23b. DATE SIGNED 1-2-54		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>R.S. Meyer</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 5, 1954	25c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	25d. LOCATION (City, town, or county) (State) Gooding, Idaho
DATE REC'D BY LOCAL REG. <i>Jan 11-54</i>		26. FUNERAL DIRECTOR ADDRESS THOMPSON CHAPEL GOODING, IDAHO	



RECEIVED

(1949 Revision of Standard Certificate)

JAN 11 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

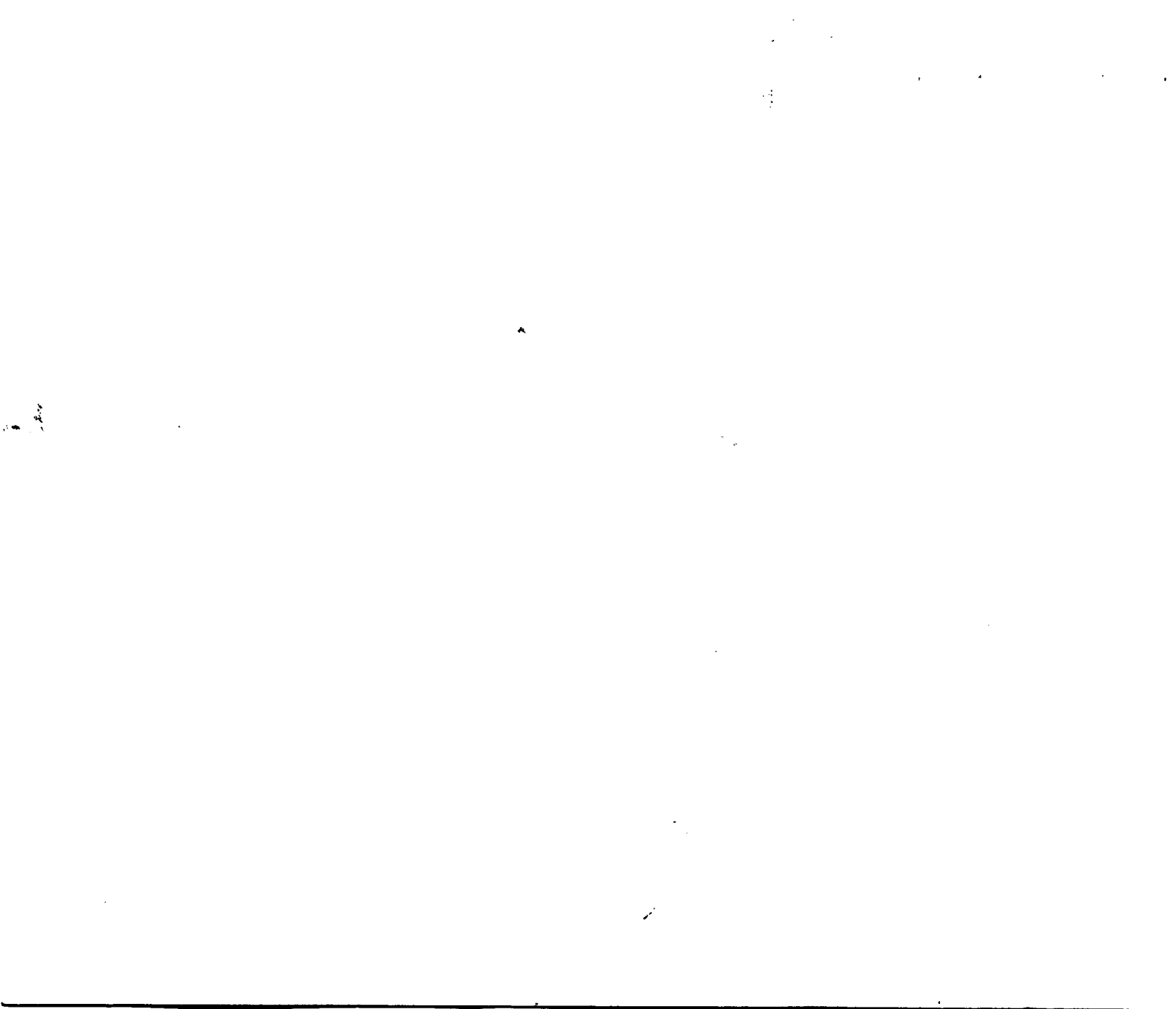
State File No. 010

Local Reg. No. 1649

Reg. Dist. No. 4700

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gooding</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gooding</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hagerman</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gooding County Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>U.S. Fisheries Station</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Badger</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 4 1954</u>
7. FATHER'S NAME a. (First) <u>Wesley</u> b. (Middle) <u>Neal</u> c. (Last) <u>Badger</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Farmer, Wash.</u>	11a. USUAL OCCUPATION <u>Station Agent</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Airlines (United)</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Geraldine</u> b. (Middle) <u>Joan</u> c. (Last) <u>Martin</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Elkhart, Indiana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Geraldine Badger</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April, 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cerebral injury</u>		20a. FETAL CAUSES <u>37.8</u>	
20b. MATERNAL CAUSES <u>Precipitous labor in primipara</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Precipitous</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy & Low Forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>Idaho</u> m.		23a. ATTENDANT'S SIGNATURE <u>Wesley Badger MD</u>	23b. DATE SIGNED <u>1/8/54</u>
23c. ATTENDANT'S ADDRESS <u>Hagerman, Idaho</u>		If NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>James H. Weaver</u> TITLE <u>Medical Officer</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Jan 8-54</u>		REGISTRAR'S SIGNATURE <u>J. H. Council</u>	
26. FUNERAL DIRECTOR <u>J. Forest Weaver</u>		ADDRESS <u>Knudsen Idaho</u>	



1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jerome</u> <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jerome</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Twin Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Benedict's</u>		d. STREET ADDRESS (If rural, give location) _____	
3. CHILD'S NAME (Type or Print) <u>Jerry K. Lea Velle</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 23 1954</u>
7. FATHER'S NAME a. (First) <u>Paul</u> b. (Middle) <u>Vernon</u> c. (Last) <u>Lea Velle</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>23</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	11a. USUAL OCCUPATION <u>Labor</u>
12. MOTHER'S MAIDEN NAME <u>Mae</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
13. COLOR OR RACE <u>W</u>		14. AGE (At time of this birth) <u>18</u> YEARS	
15. BIRTHPLACE (State or foreign country) <u>Ashton Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>—</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>—</u>	
17. INFORMANT <u>Paul Vernon Lea Velle</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Sept, 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cord around neck</u>		20a. FETAL CAUSES <u>36.0</u>	
20b. MATERNAL CAUSES <u>Small pelvis Hard Rapid labor.</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Hard Rapid labor.</u>	
22. STATE ALL OPERATIONS FOR DELIVERY <u>episiotomy mild Forceps</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James E. Stout M.D.</u>	
23b. DATE SIGNED <u>1/27/54</u>		23c. ATTENDANT'S ADDRESS _____	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Allen Buehler</u>		TITLE <u>Jerome Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Jan 26 1954</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Jerome</u>		25d. LOCATION (City, town, or county) (State) <u>Jerome Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 28, 1954</u>		26. FUNERAL DIRECTOR <u>Allen Buehler</u>	
REGISTRAR'S SIGNATURE <u>Shirley M. Rose, REG.</u>		ADDRESS <u>Jerome Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

JAN 16 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 012

Local Reg. No. 2

Reg. Dist. No. 6.30

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Squires</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 7, 1954</u>
7. FATHER'S NAME a. (First) <u>Bryant</u> b. (Middle) c. (Last) <u>Squires</u>		8. COLOR OR RACE <u>Cauc</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Travlene</u> b. (Middle) <u>Winters</u> c. (Last) <u>Squires</u>		13. COLOR OR RACE <u>Cauc</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Milton Squires Idaho Falls, Idaho</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>7</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>July 3, 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u>	
		20b. MATERNAL CAUSES <u>Toxemia of pregnancy - Preeclampsia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:53</u> p. m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>Blondie Hacey</u>	
		23b. DATE SIGNED <u>1-8-54</u>	
23c. ATTENDANT'S ADDRESS <u>Rexburg, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Blondie Hacey</u>	
		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>1-11-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St Anthony</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-10-54</u>	REGISTRAR'S SIGNATURE <u>Leona Flamm</u>	26. FUNERAL DIRECTOR <u>Blondie Hacey</u>	

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
FEB 10 1954
State of Idaho

State File No. 013
Local Reg. No. 3
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY County	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Madison Memorial Hosp.		d. STREET ADDRESS (If rural, give location) Lyman	
3. CHILD'S NAME (Type or Print) Baby Vollman			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 9 1954
7. FATHER'S NAME a. (First) Elvyn b. (Middle) H c. (Last) Vollman		8. COLOR OR RACE White	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Nebraska City, Neb	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Sylva b. (Middle) Robison c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Lyman Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 10 b. How many children were born alive but are now dead? 3 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>C. H. Vollman</i>			
18a. LENGTH OF PREGNANCY 27 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES unknown 20b. MATERNAL CAUSES unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>M. T. Rigby</i> 23b. DATE SIGNED 1/12/54	
23c. ATTENDANT'S ADDRESS <i>Lyman</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. H. Keiser</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/10/54	25c. NAME OF CEMETERY OR CREMATORY Archer-Lyman	25d. LOCATION (City, town, or county) (State) Madison Co. Idaho
DATE REC'D BY LOCAL REG. 1-21-54	REGISTRAR'S SIGNATURE <i>Leona Flamm</i>	26. FUNERAL DIRECTOR ADDRESS <i>W. H. Keiser</i> Rexburg, Idaho	

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
FEB 5 - 1954

C.E. 814
State File No. 3
Local Reg. No. 452
Reg. Dist. No. 452

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert.</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christman Nursing Home.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert.</u> d. STREET ADDRESS (If rural, give location) <u>Route 1.</u>	
3. CHILD'S NAME ((Type or Print)) <u>Margaret Rose - Cameron</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 2 1954</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>James</u> c. (Last) <u>Cameron</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Paradise Idaho</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Retail Implement.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>Anne</u> c. (Last) <u>Stark</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nygham Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Robert A. Cameron</u>			
18a. LENGTH OF PREGNANCY <u>9 mo.</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/20/53</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cord Compression by flexed knee during breech delivery</u>		20a. FETAL CAUSES <u>Cord Compression by flexed knee during breech delivery</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Breech presentation.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy, Breech extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:20 P.</u> m.		23a. ATTENDANT'S SIGNATURE <u>Canoll M. Elmore, M.D.</u>	23b. DATE SIGNED <u>1-27-54</u>
23c. ATTENDANT'S ADDRESS <u>Rupert Idaho</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>1-3-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-27-54</u>	REGISTRAR'S SIGNATURE <u>E. Elmore</u>	26. FUNERAL DIRECTOR <u>Rodney Goodman</u> ADDRESS <u>Rupert Idaho</u>	

(1919 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
JAN 1 State of Idaho

State File No. 015
Local Reg. No. 1
Reg. Dist. No. 1-7-2

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u>		b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sunshine Star Route</u>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodman</u>				d. STREET ADDRESS (If rural, give location) <u>Sunshine Star Route</u>			
3. CHILD'S NAME (Type or Print) <u>John Edward Wallace</u>							
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 3, 1954</u>		
7. FATHER'S NAME a. (First) <u>John</u>		b. (Middle)		c. (Last) <u>Wallace</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Idaho</u>		11a. USUAL OCCUPATION <u>mining</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Cherry</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Whitely</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>John Wallace</u>							
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>ASPHYXIA</u>					
		20b. MATERNAL CAUSES <u>PLACENTA ABRUPTIO - COMPLETE</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See 20b.</u>				22. STATE ALL OPERATIONS FOR DELIVERY <u>Rupture of membranes</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4 P.</u> m.		23a. ATTENDANT'S SIGNATURE <u>Glen M. Whitely</u>		(Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>4 Jan 54</u>	
		23c. ATTENDANT'S ADDRESS <u>Kellogg, Idaho</u>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Glen M. Whitely</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		25b. DATE <u>JANUARY 4, 1954</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>	
DATE REC'D BY LOCAL REG. <u>1-11-54</u>		REGISTRAR'S SIGNATURE <u>Glen M. Whitely</u>		26. FUNERAL DIRECTOR <u>Glen M. Whitely</u>		ADDRESS <u>Kellogg</u>	

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(1949 Revision of Standard Certificate)

JAN 9 - 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 216

Local Reg. No. 314

Reg. Dist. No. 460

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital		d. STREET ADDRESS (If rural, give location) 279 South Washington	
3. CHILD'S NAME (Type or Print) BRENDA JOYCE DUDLEY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 7, 1954
7. FATHER'S NAME a. (First) EUGENE b. (Middle) F. c. (Last) DUDLEY		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Missouri	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) JOYCE b. (Middle) KITCHEN c. (Last)		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT * Lurinal F. Dudley			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 4 3/4 OZ.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES UNKNOWN 20b. MATERNAL CAUSES DIABETES MELLITUS	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:28 P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. V. McLeod M.D. 23c. ATTENDANT'S ADDRESS Twin Falls, Idaho	
23b. DATE SIGNED 1-5-54		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/5/54	25c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Jan. 7, 1954	REGISTRAR'S SIGNATURE Emma Jean Long	25. FUNERAL DIRECTOR Walter J. Phillips	ADDRESS White Mortuary Twin Falls, Idaho

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(1949 Revision of Standard Certificate)

JAN 25 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

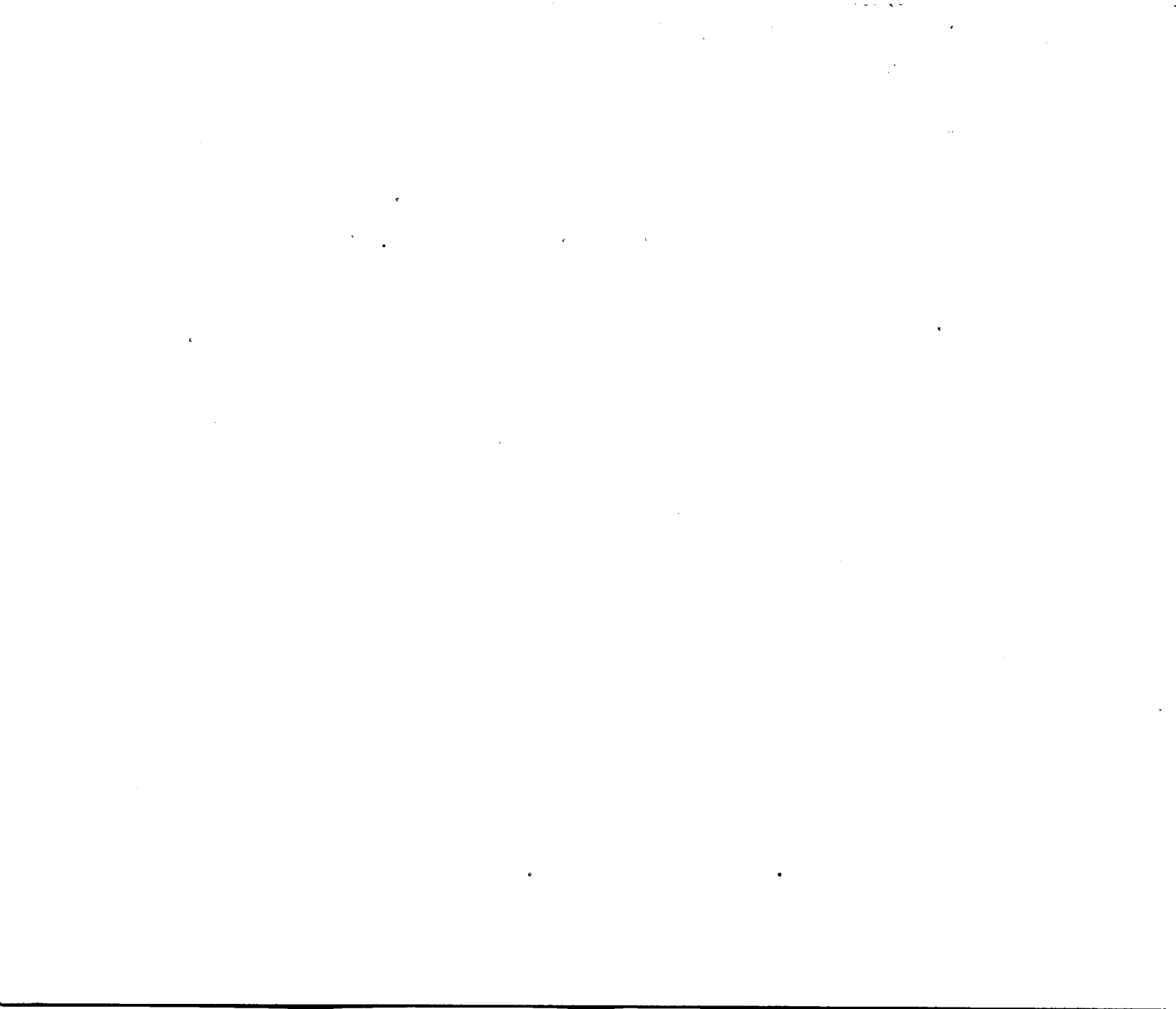
State of Idaho

State File No. 017

Local Reg. No. 333

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jerome</u>	
b. CITY OR TOWN <u>Twin Falls</u>		c. CITY OR TOWN <u>Rt. #2 Jerome</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #2 Jerome</u>	
3. CHILD'S NAME (Type or Print) <u>DENISE KAY VAN ZANTE</u>			
4. SEX <u>Fe.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 21 54</u>
7. FATHER'S NAME a. (First) <u>Roy</u> b. (Middle) <u>Van Zante</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Marle</u> b. (Middle) <u>Humphreys</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) <u>Chester, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Roy D. Van Zante</u> <u>Jerome, Ida.</u> <u>1</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>5/22/53</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Congenital deformities</u>		20a. FETAL CAUSES <u>My drammions</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>My drammions</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Epsostomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harward C. Luke M.D.</u>	
23b. DATE SIGNED <u>1/21/54</u>		23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Emma Jean Long</u>		25. TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Jan. 22, 54</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem. Park</u>		25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 22, 1954</u>		FURNERAL DIRECTOR ADDRESS <u>Idaho</u>	



CALL
2-8221

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Dr. Smith

RECEIVED

(1949 Revision of Standard Certificate)

FEB 20 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

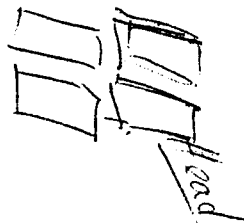
State File No.

Local Reg. No. 49

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonse		d. STREET ADDRESS (If rural, give location) 2224 Idaho St.	
3. CHILD'S NAME (Type or Print) Baby Boy Hammond			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 13 1954
7. FATHER'S NAME a. (First) Kenneth b. (Middle) H. c. (Last) Hammond		8. COLOR OR RACE white	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Salem, Oreg.	11a. USUAL OCCUPATION Fireman	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Gretta b. (Middle) Ann c. (Last) Riley		13. COLOR OR RACE white	
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Nysse, Oreg.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? III b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Joseph D. Hammond		18. LENGTH OF PREGNANCY WEEKS	
18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept - 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prolopse card - Occiput Post.	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Contraceptives - Forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Carl B. Smithson (Specify if M. D., midwife, or other)	
23b. DATE SIGNED 2-15-54		23c. ATTENDANT'S ADDRESS Boise Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL David H. Gibson		23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 15 1954	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise Idaho
DATE REC'D BY LOCAL REG. 2-15-54		26. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson--Boise	

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MAR 13 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics
State of Idaho

State File No. 10

Local Reg. No. 71

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 6215 Fairview	
3. CHILD'S NAME (Type or Print) BABY BOY PURCELL			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 27, 1954
7. FATHER'S NAME a. (First) Robert b. (Middle) E. c. (Last) Purcell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Gunsmith	11b. KIND OF BUSINESS OR INDUSTRY Sporting goods
12. MOTHER'S MAIDEN NAME a. (First) Bonnie b. (Middle) Doolin c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Cedar City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT /s/ Mrs. Bonnie Purcell			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harold B. Hulme, M.D. 23b. DATE SIGNED 2 March 1954	
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Russell H. Helyea TITLE 18 N. Latah	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 3-3-54	25c. NAME OF CEMETERY OR CREMATORY St. Alphonsus Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-3-54	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Russell H. Helyea RELYEA MORTUARY Boise, Idaho	

APR 13 1954

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(1949 Revision of Standard Certificate)

MAR 13 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 70Reg. Dist. No. 371

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 6215 Northview	
3. CHILD'S NAME (Type or Print) BABY BOYD PURCELL			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 27, 1954
7. FATHER'S NAME a. (First) Robert b. (Middle) E. c. (Last) Purcell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Gunsmith	11b. KIND OF BUSINESS OR INDUSTRY Sporting goods
12. MOTHER'S MAIDEN NAME a. (First) Bonnie b. (Middle) Doolin c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Cedar City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Bonnie Purcell			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. X No. Approximate date July 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Harold B. Huline, M.D. (Specify if M. D., midwife, or other) 23b. DATE SIGNED 2 March 1954	
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Raymond A. Relyea TITLE REGISTRAR	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 3-3-54	25c. NAME OF CEMETERY OR CREMATORY St. Alphonsus Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-3-54	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Raymond A. Relyea ADDRESS 318 N. Latah Boise, Idaho	

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MAY 13 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

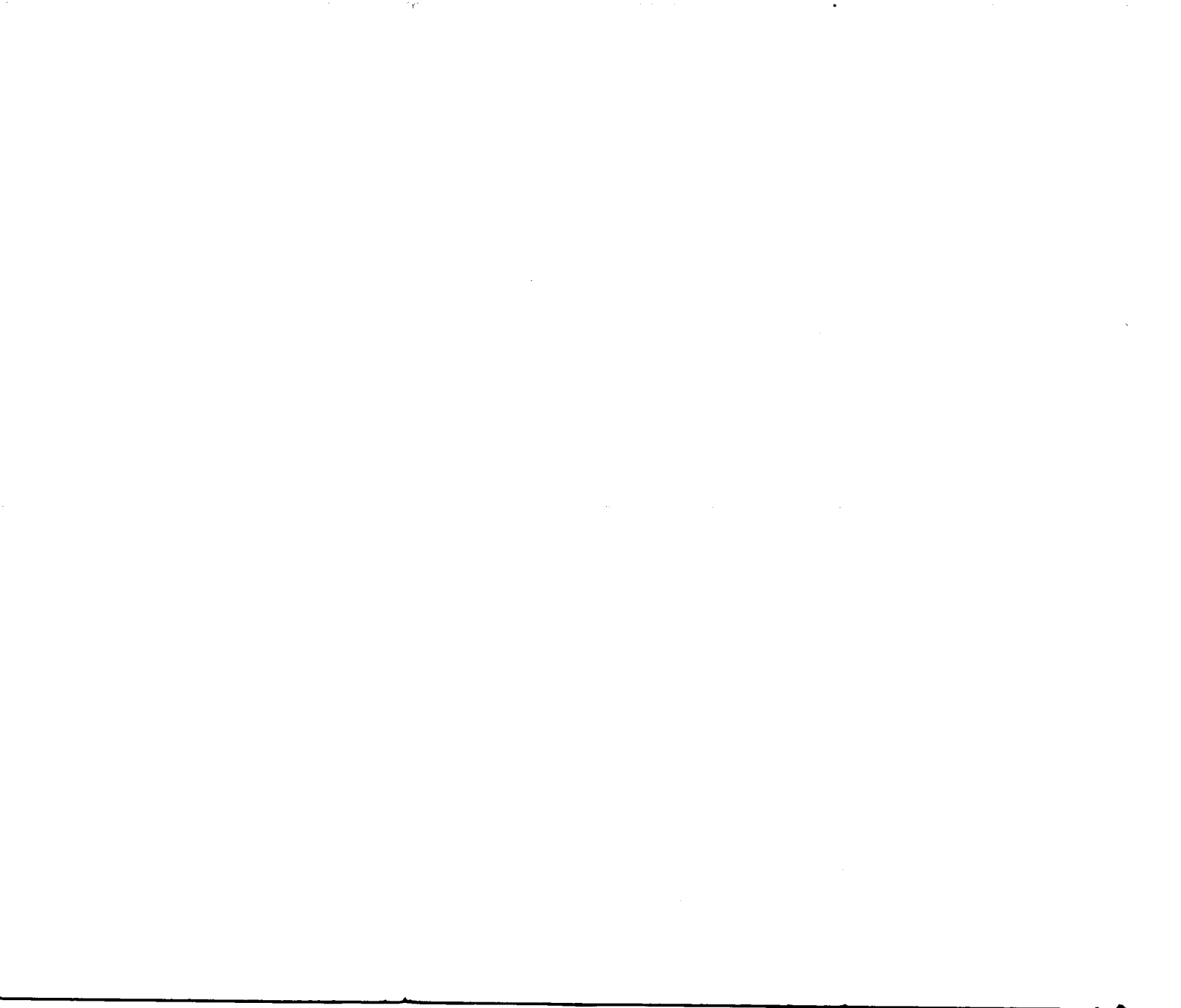
State File No. 21

Local Reg. No. 69

Reg. Dist. No. 370

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2215 N. 23rd.</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Stoesser</u>			
4. SEX <u>♀</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>2 - 28. 1954</u>
7. FATHER'S NAME a. (First) <u>Henry</u> b. (Middle) <u>A</u> c. (Last) <u>Stoesser</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>30.</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>New York.</u>	11a. USUAL OCCUPATION <u>Draftsman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Aerial Mapping Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Heitig</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Henry A. Stoesser</u>			
18a. LENGTH OF PREGNANCY <u>29</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>November 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placenta Abruptio + Prematurity</u>	
		20b. MATERNAL CAUSES <u>None -</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>As Above.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None -</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert W. Brooks, M.D.</u>	
		23b. DATE SIGNED <u>3-1-54</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Ida.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>Feb 28 - 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St Lukes Hosp</u>
DATE REC'D BY LOCAL REG. <u>3-2-54</u>		25d. LOCATION (City, town, or county) (State) <u>St Lukes Hospital Boise</u>	26. FUNERAL DIRECTOR <u>Robert B. Rose, Cremation</u>



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(1949 Revision of Standard Certificate)

MAR 12 1954 CERTIFICATE OF STILLBIRTH

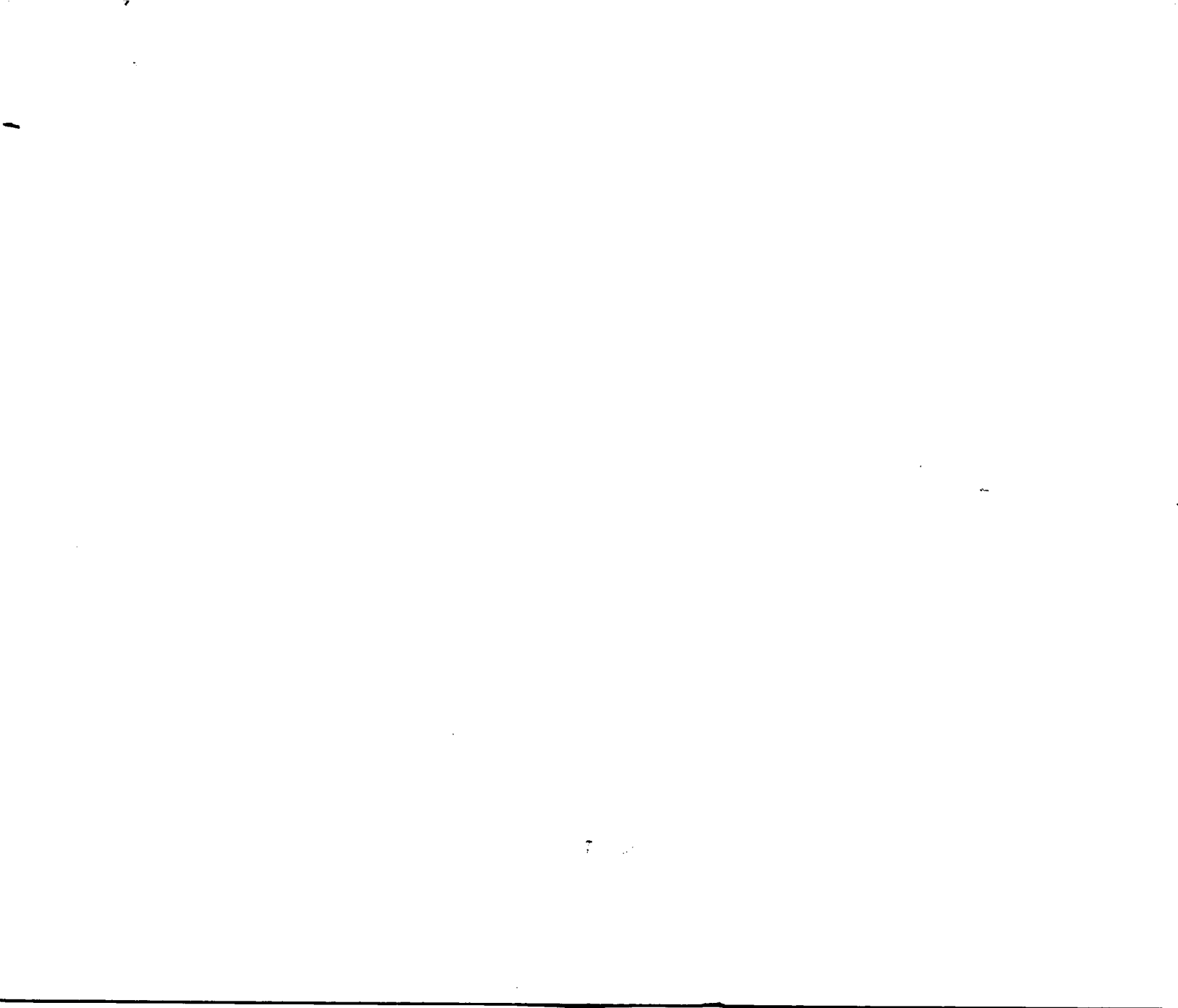
Division of Vital Statistics State of Idaho

State File No. 62

Local Reg. No. 62

Reg. Dist. No. 51.0

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>625 No. Hayes</u>	
3. CHILD'S NAME (Type or Print) <u>Hilbert Erwin Heer</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>2 5 54</u>
7. FATHER'S NAME a. (First) <u>Hilbert</u> b. (Middle) <u>Erwin</u> c. (Last) <u>Heer</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Freeman, So. Dakota</u>	11a. USUAL OCCUPATION <u>Elec. Helper</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>N.O.P.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Delpha</u> b. (Middle) <u>M.</u> c. (Last) <u>Sasser</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Malad, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Delpha Sasser Heer (mother)</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Non viable infant - delivered April 26, 1954</u>		20. MATERNAL CAUSES <u>Premature Separation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:10 P.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>Ralph B. Hegler M.D.</u>	
23b. DATE SIGNED <u>2-22-54</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Delpha Sasser</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		25b. DATE <u>Feb. 7, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Aberdeen</u>
25d. LOCATION (City, town, or county) <u>Aberdeen</u>		(State) <u>Idaho</u>	
DATE REC'D BY LOCAL <u>MAR 8 1954</u>		REGISTRAR'S SIGNATURE <u>Eva M. Walling</u>	
26. FUNERAL DIRECTOR <u>Downard Funeral Home</u>		ADDRESS <u>Pocatello, Id.</u>	



24-23
Davis

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4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

FEB 22 1954 (Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics
State of Idaho

State File No. 23
Local Reg. No. 28
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Idaho Falls</u>		c. CITY OR TOWN <u>Small</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Linda Lee Gneiting</u>			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 5 - 1954</u>
7. FATHER'S NAME a. (First) <u>Ned</u> b. (Middle) <u>Milton</u> c. (Last) <u>Gneiting</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	11a. USUAL OCCUPATION <u>Rancher</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Lee</u> c. (Last) <u>Peterson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Shelley Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Ned Gneiting</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>38.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Fetal Monster (Double face, anencephalic, spina bifida)</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>J. D. Nam</u> (Specify if M. D., midwife, or other) <u>M.D.</u>	
		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. CORIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb 6, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Roschill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Feb. 18 - 1954</u>	REGISTRAR'S SIGNATURE <u>Anna A. Bridges</u>	26. FUNERAL DIRECTOR <u>Leo A. Williams</u> ADDRESS <u>Idaho Falls Idaho</u>	

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Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

State File No.

Local Reg. No.

Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Caribou	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township)	Soda Springs	b. COUNTY	Caribou
c. FULL NAME OF HOSPITAL OR INSTITUTION	Caribou County Hospital	c. CITY (If outside corporate limits, write RURAL and give township)	Soda Springs
		d. STREET ADDRESS	(If rural, give location)

3. CHILD'S NAME
(Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	February 5, 1954

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Jimmy	Melville	Benham	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Yakima, Washington	Truck driver	

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Mary	Arillia	Chugg	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
21 YEARS	Soda Springs, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?
		1	0

17. INFORMANT	18. LENGTH OF PREGNANCY		
Arillia Benham Mother	36 WEEKS		

18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes... No...
4 LBS. 7 OZS.	Approximate date 30.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Mother had syphilis which had been adequately treated. Repeated serological test neg. for 3 years

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4 P.M. m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

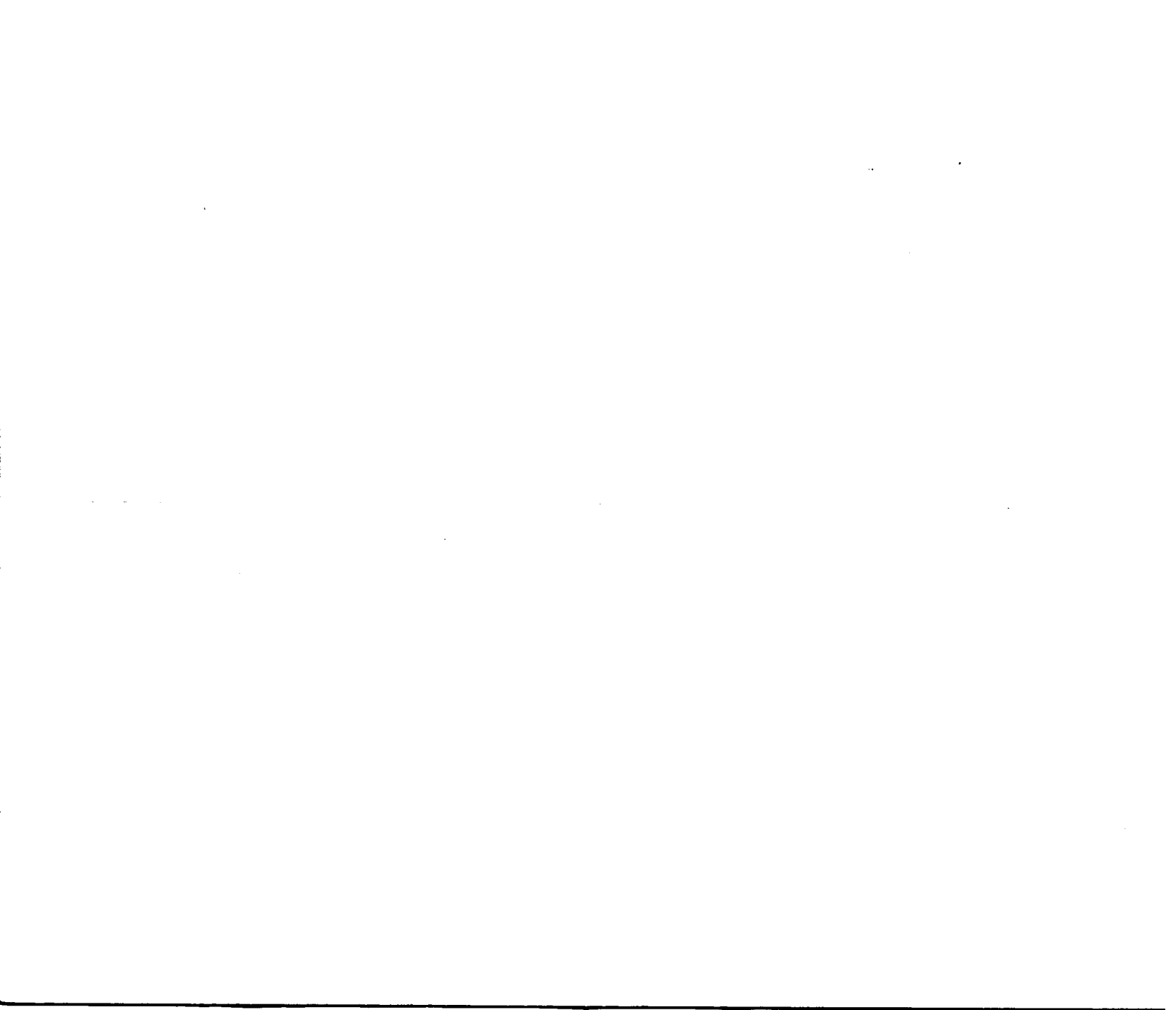
25d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. PERMIT DIRECTOR Superintendent ADDRESS



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(1949 Revision of Standard Certificate)

MAR 8 - 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 25Local Reg. No. 238Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 7.11 # 2.</u>	
3. CHILD'S NAME (Type or Print) <u>Lauretta Dianne Pelton</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb 27 1954</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>J.</u> c. (Last) <u>Pelton</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wyoming</u>	11a. USUAL OCCUPATION <u>music</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Orchestra</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Esther</u> b. (Middle) <u>Wardle</u> c. (Last) <u>Pelton</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rupert Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>none</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anoma due to Prolapse of umbilical Cord.</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Footling Breech</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>External Version - Breech to Cephalic</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>R. Dutton M.D.</u>		23b. DATE SIGNED <u>3-3-54</u>
	23c. ATTENDANT'S ADDRESS <u>Burley Idaho.</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Barth Payne - BURLEY</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>3/2/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT VIEW</u>	25d. LOCATION (City, town, or county) (State) <u>BURLEY, IDAHO</u>
DATE REC'D BY LOCAL REG. <u>Mar 5, 1954</u>	REGISTRAR'S SIGNATURE <u>Nella Jolley</u>	26. FUNERAL DIRECTOR ADDRESS <u>J. Barth Payne - BURLEY</u>	

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
CERTIFICATE OF STILLBIRTH
FEB 26 1954
State of Idaho

State File No.
Local Reg. No. 6
Reg. Dist. No. 540

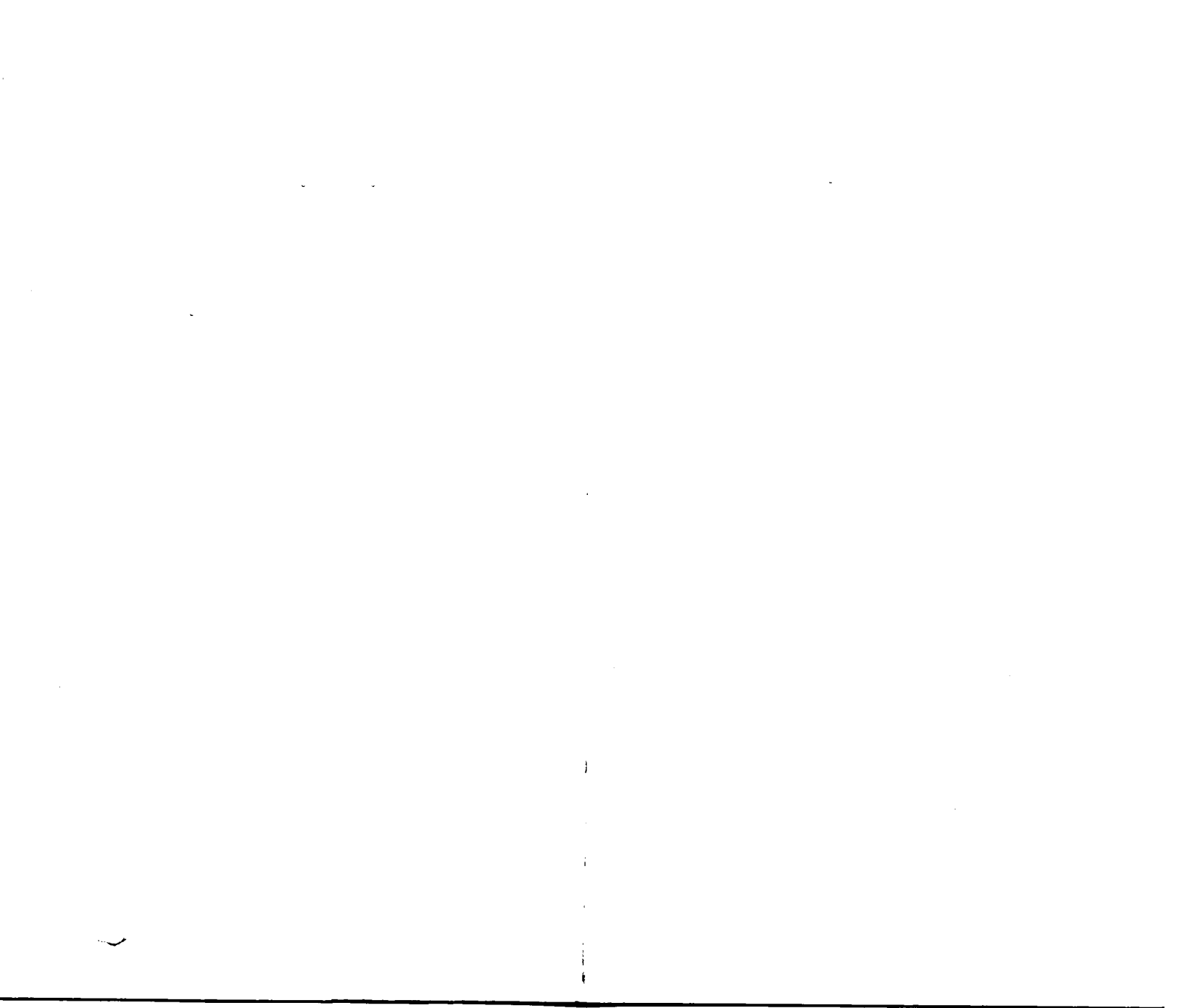
1. PLACE OF STILLBIRTH a. COUNTY Franklin		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Preston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairview	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Nicolen Gilbert			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 21, 1954
7. FATHER'S NAME a. (First) Frank b. (Middle) Barlow c. (Last) Gilbert		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Fairview, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Own Farm
12. MOTHER'S MAIDEN NAME a. (First) Carol b. (Middle) Bingham c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Preston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT F. Barlow Gilbert			
18a. LENGTH OF PREGNANCY 41 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug 1, 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Aborted Placental		20a. FETAL CAUSES 36.2	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:25 a.m.		23a. ATTENDANT'S SIGNATURE R. L. Smith M.D. 23b. DATE SIGNED 1/22/54	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL Cherwin Webb TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 22, 1954	25c. NAME OF CEMETERY OR CREMATORY Cemetery, Fairview	25d. LOCATION (City, town, or county) (State) Fairview Idaho
DATE REC'D BY LOCAL REG. 1-22-1954		26. FUNERAL DIRECTOR Eppie W. Brewer ADDRESS Preston, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 25
Local Reg. No. 3070
Reg. Dist. No. 470

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY GOODING		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY GOODING	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NO. E. HAGERMAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4 MI. NO. E. HAGERMAN	
c. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) LOUISE KOLDEWEY			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> K TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) FEB. 25, 1954
7. FATHER'S NAME a. (First) R. b. (Middle) J c. (Last) KOLDEWEY	8. COLOR OR RACE W		
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) DECATUR INDIANA	11a. USUAL OCCUPATION FARMER	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) LEAH b. (Middle) M. c. (Last) GRIFFITH	13. COLOR OR RACE W		
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) DECATUR INDIANA	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? TWO b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT <i>R. J. Koldevey</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Prematurity - child never breathed or attempted to breathe - no heart beat.</i> 20b. MATERNAL CAUSES <i>pre-eclampsia -</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>pre-eclampsia</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:15 P. m.		23a. ATTENDANT'S SIGNATURE <i>Wendell Ida</i> (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS WENDELL IDAHO	23b. DATE SIGNED 2/27/1954 24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. Farrell Weaver</i> TITLE Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE 2/27/1954	25c. NAME OF CEMETERY OR CREMATORY WENDELL	25d. LOCATION (City, town, or county) (State) CITY IDAHO
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR <i>J. Farrell Weaver</i> ADDRESS <i>Wendell Idaho</i>	



Hughes
FEB 13 1954

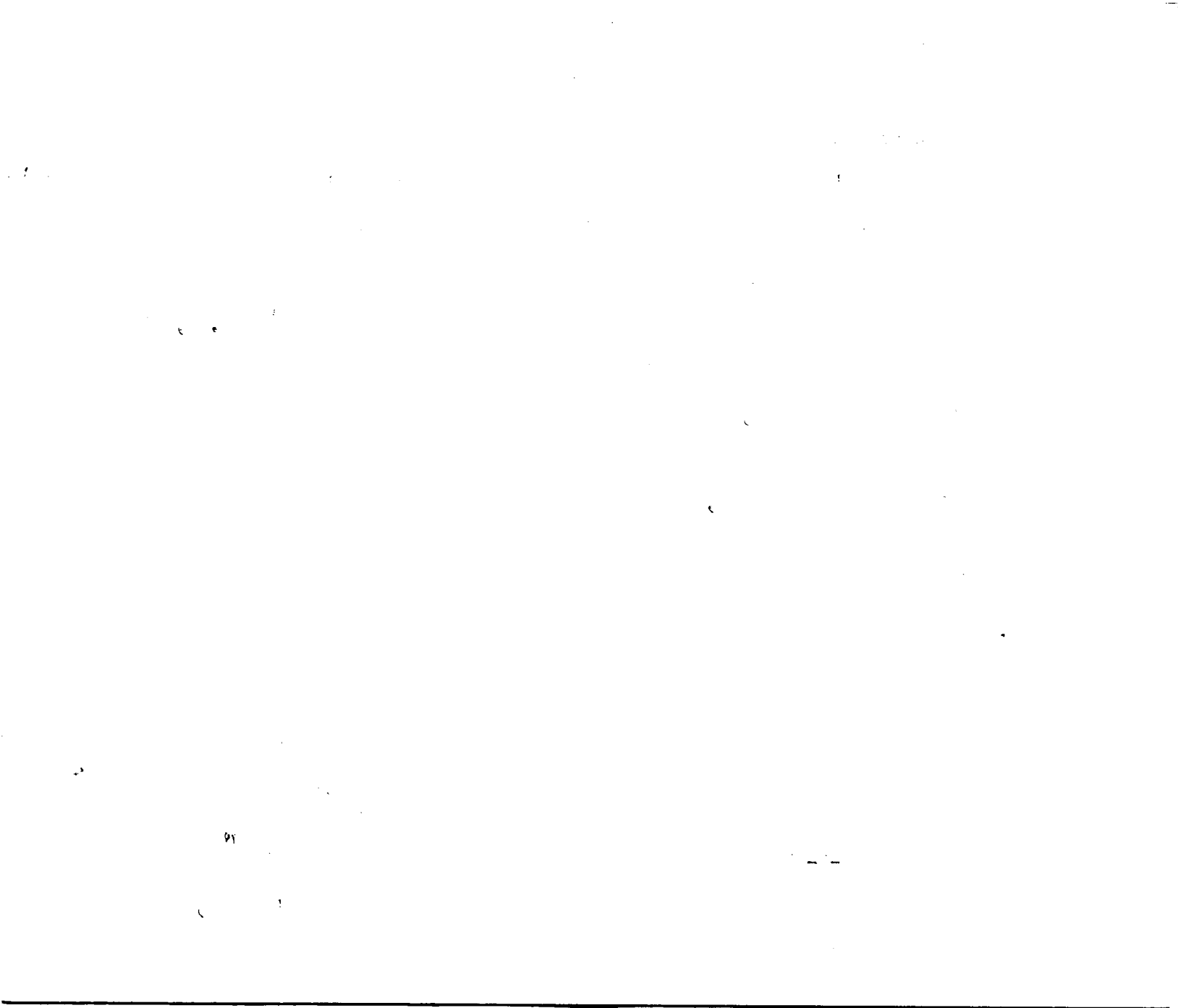
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. *26*
Local Reg. No. *1*
Reg. Dist. No. *120*

1. PLACE OF STILLBIRTH a. COUNTY <i>Kootenai</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Kootenai</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Coeur d' Alene</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Coeur d' Alene</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Lake City General Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Rt #1</i>	
3. CHILD'S NAME (Type or Print) <i>Baby Infant Gleason</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Feb. 2, 1954</i>
7. FATHER'S NAME a. (First) <i>Voyné</i> b. (Middle) <i>Vroman</i> c. (Last) <i>Gleason</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>42</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Egan, South Dakota</i>	11a. USUAL OCCUPATION <i>Laborer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Enid</i> b. (Middle) <i>Eloise</i> c. (Last) <i>Fulton</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>41</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Trent, South Dakota</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Voyné Gleason</i>			
18a. LENGTH OF PREGNANCY <i>6</i> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>39.6</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>none apparent</i> 20b. MATERNAL CAUSES <i>none apparent</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Gonzalez Rotation. Mid forceps</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Howard A Hughes MD</i> 23b. DATE SIGNED <i>2/8/54</i>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Don English</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>2-3-54</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Forest Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Coeur d' Alene Idaho</i>
DATE REC'D BY LOCAL REG. <i>2-9-54</i>		26. FUNERAL DIRECTOR ADDRESS <i>Lorraine K. Brush</i> <i>Don English</i> <i>Coeur d' Alene, Idaho</i>	



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(1949 Revision of Standard Certificate)

MAR 3 - 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

C.E. State File No. 20

Local Reg. No. 2

Reg. Dist. No. 25

Division of Vital Statistics

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<i>Minidoka</i>	a. STATE	<i>Idaho</i>
b. CITY (If outside corporate limits, write RURAL and give township)	<i>Reupert</i>	b. COUNTY	<i>Minidoka</i>
c. FULL NAME OF (If not in hospital or institution, give street address or location)	<i>Reupert General Hospital</i>	c. CITY (If outside corporate limits, write RURAL and give township)	<i>Reupert</i>
HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	<i>Rt. 3.</i>
3. CHILD'S NAME			
(Type or Print) <i>Bruce Edward Ramsey</i>			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
<i>male</i>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<i>Feb. 25 1954</i>
7. FATHER'S NAME	8. COLOR OR RACE		
<i>Roy Dale Ramsey</i>	<i>white</i>		
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
<i>33 YEARS</i>	<i>Reupert Idaho</i>	<i>Farmer</i>	<i>Farmer</i>
12. MOTHER'S MAIDEN NAME	13. COLOR OR RACE		
<i>Dorothy Melvina Ramsey</i>	<i>white</i>		
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
<i>32 YEARS</i>	<i>Panama Mo.</i>	a. How many children are now living? <i>2</i>	
		b. How many children were born alive but are now dead? <i>0</i>	
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT			
<i>Roy Dale Ramsey</i>			
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<i>40 WEEKS</i>	<i>10 LBS. 0 OZS.</i>	Approximate date <i>36.1</i>	
CAUSE OF STILLBIRTH		20a. FETAL CAUSES	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES	
		<i>Retroplacental Hemorrhage due to Placenta Previa</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
<i>Persistent Occiput posterior</i>		<i>Mid Forceps, episiotomy</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>2:00 A</i> m.		23a. ATTENDANT'S SIGNATURE	23b. DATE SIGNED
		<i>Carroll M. Elmore, M.D.</i>	<i>2/27/54</i>
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL
<i>Reupert, Idaho</i>			<i>Rodney L. Woodward</i>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>2-26-54</i>	<i>Reupert Cemetery</i>	<i>Reupert Idaho</i>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
<i>2-27-1954</i>	<i>C. M. Elmore</i>	<i>Rodney L. Woodward</i>	<i>Reupert Idaho</i>

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FEB 26 1954

CERTIFICATE OF STILLBIRTH

State File No. 30

Local Reg. No. 367

Reg. Dist. No. 460

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH

a. COUNTY

Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Twin Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Twin Falls.

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

HANSEN

d. STREET
ADDRESS (If rural, give location)

Rt. 1

3. CHILD'S NAME

(Type or Print)

Baby Floyd

4. SEX ?

5a. THIS BIRTH

Macerated.

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐6. DATE OF
STILLBIRTH

(Month)

(Day)

(Year)

1 9 54

7. FATHER'S
NAME

a. (First)

John

b. (Middle)

Floyd

c. (Last)

8. COLOR OR RACE

W

9. AGE (At time of this birth)

24

YEARS

10. BIRTHPLACE (State or foreign country)

Arizona

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S
MAIDEN
NAME

a. (First)

Francis

b. (Middle)

Hubbard

c. (Last)

13. COLOR OR RACE

W

14. AGE (At time of this birth)

23

YEARS

15. BIRTHPLACE (State or foreign country)

Virginia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

1

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

From Mother's History on Chart

18a. LENGTH OF PREGNANCY
NANCY

20

WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐

Approximate date

1/11/54

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

39.5

20b. MATERNAL CAUSES

missed abortion

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:04 A.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

V. Ellis Kruger M.D.

23b. DATE SIGNED

19-54

23c. ATTENDANT'S ADDRESS

Kimberly, Idaho

IF NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Disposal to be

25b. DATE

1-9-54

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

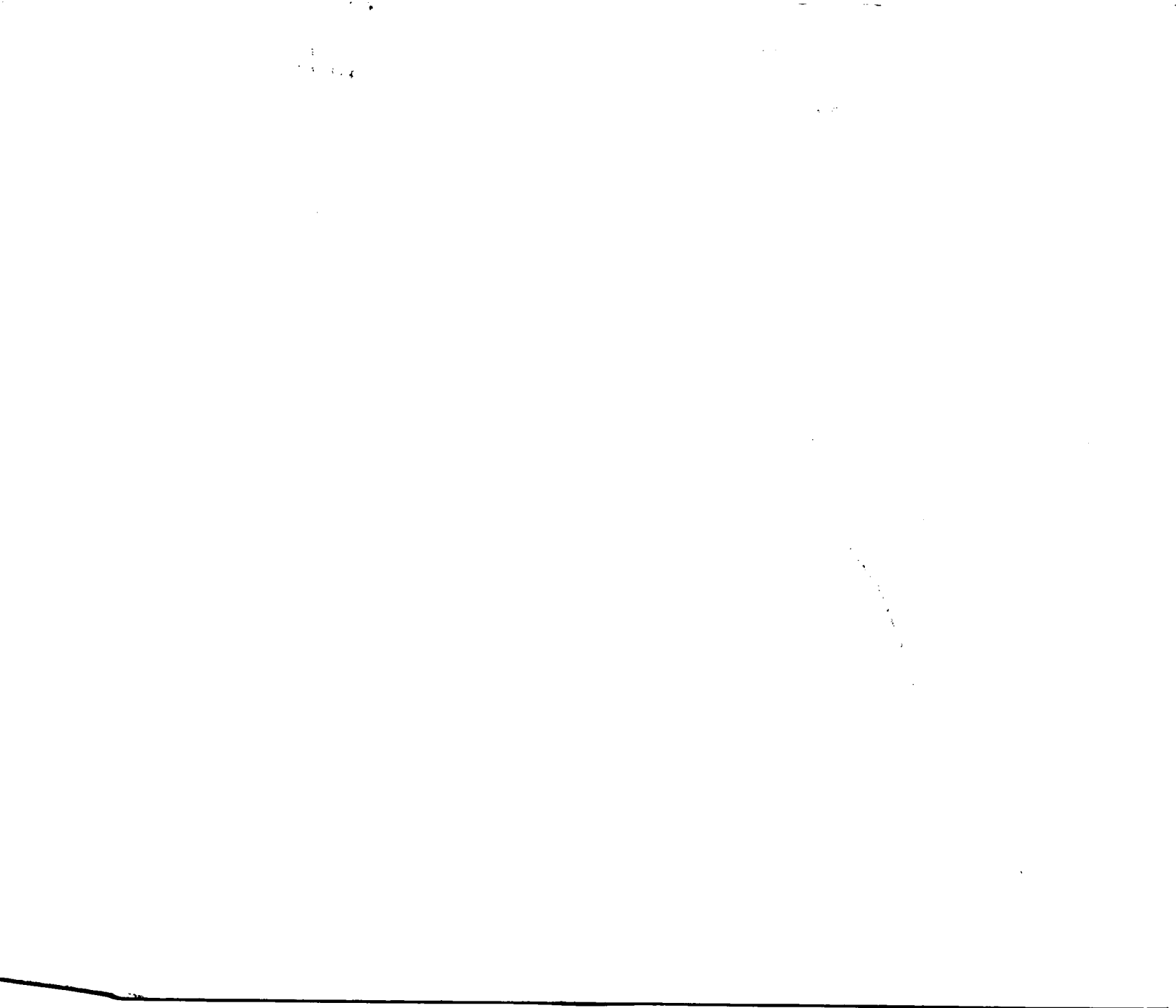
Feb 22 1954

REGISTRAR'S SIGNATURE

Emma Jean Long

26. FUNERAL DIRECTOR

ADDRESS



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(1949 Revision of Standard Certificate)

MAR 13 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 31

Local Reg. No. 77

Reg. Dist. No. 372

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukas		d. STREET ADDRESS (If rural, give location) Rte #1	
3. CHILD'S NAME (Type or Print) Chris Raymond Jensen			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Mar 3 1954
7. FATHER'S NAME a. (First) Thomas b. (Middle) E. c. (Last) Jensen		8. COLOR OR RACE white	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Meridian, Idaho	11a. USUAL OCCUPATION laborer	11b. KIND OF BUSINESS OR INDUSTRY Bldg. Maintenance.
12. MOTHER'S MAIDEN NAME a. (First) Esther b. (Middle) Mae c. (Last) Byington		13. COLOR OR RACE white	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Preston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Thomas E Jensen			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxia 20b. MATERNAL CAUSES Abruptio Placenta Complete	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at Ada m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max Lubmumben M.D. 23b. DATE SIGNED 3-6-54 23c. ATTENDANT'S ADDRESS Boise Idaho If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL RELVEA MORTUARY TITLE BOISE, IDAHO	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/5/54	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise Idaho
DATE REC'D BY LOCAL REG. 3-8-54	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR RELVEA MORTUARY ADDRESS 318 N. Latah BOISE, IDAHO	

APR 25 1958

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(Revision of Standard Certificate)

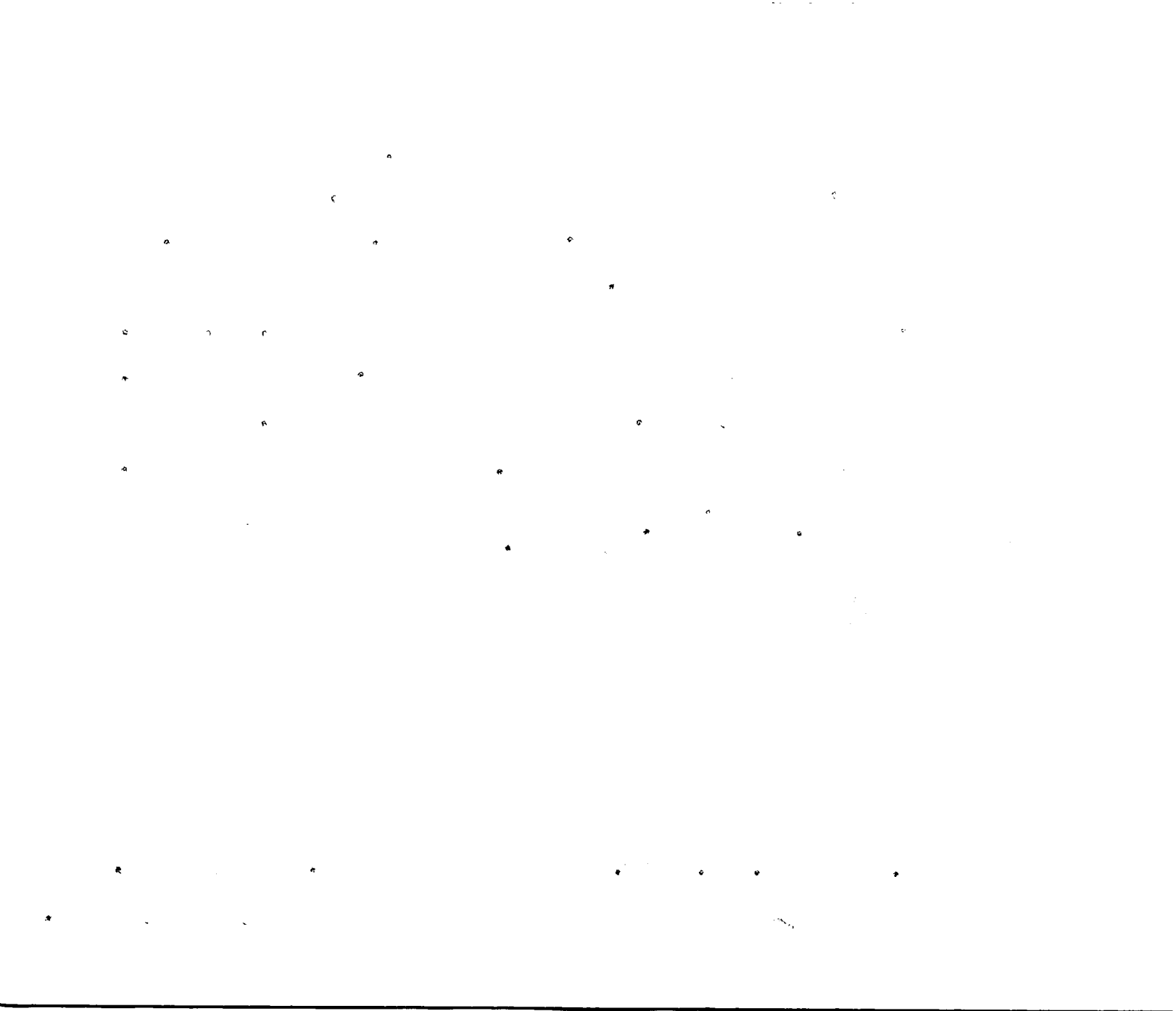
APR 1 - 1954

State of Idaho

State File No.

Local Reg. No. 121Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho.</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise.</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>1618. Laurel Street.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Green.</u>			
4. SEX <u>Female.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March. 22. 1954.</u>
7. FATHER'S NAME a. (First) <u>Harold</u> b. (Middle) <u>William</u> c. (Last) <u>Green.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Provo, Utah.</u>	11a. USUAL OCCUPATION <u>Automobile Mechanic.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Nola</u> b. (Middle) <u>Dorlene.</u> c. (Last) <u>Watts</u>		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>36.</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>1618. Laurel St. Boise, Idaho.</u> <u>Harold W. Green</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct, 1953.</u>	
18a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cord Compression - Wrapping of Cord around neck</u>	
20b. MATERNAL CAUSES <u>none</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>	
22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>May J. Bell, M.D.</u>	
23b. DATE SIGNED <u>3/24/54</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		25b. DATE <u>March. 23. 1954.</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery. Boise, Idaho.</u>		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3-31-54</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	
26. FUNERAL DIRECTOR <u>Summers Funeral Home, Boise, Idaho.</u>		27. ADDRESS	



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CERTIFICATE OF STILLBIRTH
APR 1 - 1954
State of Idaho

State File No. 122
Local Reg. No. 370
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Boise		c. CITY OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 5625 Gray Avenue	
3. CHILD'S NAME (Type or Print) JOSEPH MARION RICHARDSON			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 26, 1954
7. FATHER'S NAME a. (First) Sam b. (Middle) I. c. (Last) Richardson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) Washington	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Self
12. MOTHER'S MAIDEN NAME a. (First) Bessie b. (Middle) I. c. (Last) McGary		13. COLOR OR RACE White	
14. AGE (At time of this birth) 46 YEARS	15. BIRTHPLACE (State or foreign country) Illinois	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Sam Richardson <i>5625 Gray Ave</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>approx 2 mo gestation - Breech spent delivery en route to Hsp - cord compression</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Breech Spont Deliv.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>John Thompson</i>	
23c. ATTENDANT'S ADDRESS <i>Meridian Idaho</i>		23b. DATE SIGNED 3-27-54	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 3/27/54	
25c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery		25d. LOCATION (City, town, or county) (State) Meridian, Idaho	
DATE REC'D BY LOCAL REG. 3-31-54		26. FUNERAL DIRECTOR ADDRESS <i>W. J. Palmer</i> SUMMERS FUNERAL HOME Boise, Idaho	

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(1948 Revision of Standard Certificate)

APR 15 1954
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 34

Local Reg. No. 89

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 604 Yellowstone Avenue	
3. CHILD'S NAME (Type or Print) JENNIFER JEANNE HRONEK			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 12, 1954
7. FATHER'S NAME a. (First) Richard b. (Middle) Paul c. (Last) Hronek		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Private	11b. KIND OF BUSINESS OR INDUSTRY U. S. Army
12. MOTHER'S MAIDEN NAME a. (First) Carol b. (Middle) Dawn c. (Last) Henderson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Gilmer, Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Carol Dawn Hronek, Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None apparent or determined.	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy, outlet forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:31 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature]	
23b. DATE SIGNED 2-28-54		23c. ATTENDANT'S ADDRESS Pocatello, Ida.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 15, 1954	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cem. Pocatello, Bannock, Idaho	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. APR 5 1954	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR Allen J. Manning	ADDRESS 510 North 12th Ave.

1000

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAR 16 1954

State of Idaho

State File No. 35

Local Reg. No. 116

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH (Division of Vital Statistics)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bingham	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township)	Blackfoot	b. COUNTY	Bingham
c. FULL NAME OF (If not in hospital or institution, give street address or location)	Bingham Memorial Hospital	c. CITY (If outside corporate limits, write RURAL and give township)	Blackfoot
		d. STREET ADDRESS (If rural, give location)	Route #3
3. CHILD'S NAME (Type or Print)			
Druciella Ann Scott			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	March 9, 1954
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Eldon b. (Middle) Earl c. (Last) Scott		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Goshen, Idaho	Farming	
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Erma b. (Middle) Clara c. (Last) Harman		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
31 YEARS	Thomas, Idaho	a. How many children are now living? Four b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT		18. LENGTH OF PREGNANCY	
Clara Scott Mother		33 WEEKS	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		20a. FETAL CAUSES	
Approximate date September		Unknown	
20b. MATERNAL CAUSES		Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
Thrombophlebitis, 6 mos gestation		None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:20 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		Ralph Koster M.D.	
23b. DATE SIGNED		24. SIGNATURE OF AUTHORIZED OFFICIAL	
March 11, 1954		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	
Cremation		3-9-54	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
Bingham Memorial Hospital		Blackfoot, Idaho	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE (Acting FUNERAL DIRECTOR)	
Mar 14 1954		Mrs. Evelyn E. Fritze	
		Alta C. Ostergar	

NOV 07 2017 *John*

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CERTIFICATE OF STILLBIRTH
State of Idaho
APR 20 1954

State File No. 36
Local Reg. No. 76
Reg. Dist. No. 616

1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township) a. COUNTY <u>Bonneville</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> d. STREET ADDRESS (If rural, give location) <u>225 Lomax</u>	
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3. CHILD'S NAME
(Type or Print) Infant Harrison

4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 29 1954</u>
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7. FATHER'S NAME a. (First) <u>Walter</u> b. (Middle) <u>Lee</u> c. (Last) <u>Harrison</u>	8. COLOR OR RACE <u>White</u>
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9. AGE (At time of this birth) <u>56</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>South Dakota</u>	11a. USUAL OCCUPATION <u>Livestock Brand Ins-</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>State of Idaho</u>
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12. MOTHER'S MAIDEN NAME a. (First) <u>Eunice</u> b. (Middle) <u>Lula</u> c. (Last) <u>Pearson</u>	13. COLOR OR RACE <u>White</u>
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14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>
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X INFORMANT Walter Lee Harrison

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>3-9-54</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity - 6 months</u>	20b. MATERNAL CAUSES
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>John Butte</u> (Specify if M. D., midwife, or other) <u>M.D.</u>	23b. DATE SIGNED <u>4-15-54</u>
	23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Orlando Burt</u> TITLE <u>M. D.</u>

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>March 30, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
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DATE REC'D BY LOCAL REG. <u>April 15-54</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. GENERAL DIRECTOR <u>Orlando Burt</u> ADDRESS <u>Idaho Falls, Idaho</u>
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on 10th, 1881.

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(1949 Revision of Standard Certificate)
MAR 25 1954
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY OR TOWN Nampa		c. CITY OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) Rt # 6 Amity Ave.	
3. CHILD'S NAME (Type or Print) Infant Boy FREEL			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 27, 1954
7. FATHER'S NAME a. (First) George b. (Middle) Freel c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Canada	11a. USUAL OCCUPATION Miner	11b. KIND OF BUSINESS OR INDUSTRY Mining
12. MOTHER'S MAIDEN NAME a. (First) Alice b. (Middle) Van Sickle c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT * George Freel			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Breathed Prematurely.	
		20b. MATERNAL CAUSES Pressure on cord before delivery.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR long dry labor		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE H. B. Belknap	
23b. DATE SIGNED Mar 5-54		23c. ATTENDANT'S ADDRESS Nampa	
23d. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr.		23e. TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE March 2, 1954	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. March 18, 1954		26. FUNERAL DIRECTOR John F. Alsip, Jr. Alsip Funeral Chapel	
REGISTRAR'S SIGNATURE John F. Alsip, Jr.		ADDRESS Nampa, Ida.	

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(1949 Revision of Standard Certificate)

MAR 30 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 250

Reg. Dist. No. 470

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) 719 Elba Ave.	
3. CHILD'S NAME (Type or Print) Esthereta Hitt			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 20, 1954
7. FATHER'S NAME a. (First) Joseph b. (Middle) c. (Last) Hitt		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) California	11a. USUAL OCCUPATION Sales clerk	11b. KIND OF BUSINESS OR INDUSTRY Lumber Company
12. MOTHER'S MAIDEN NAME a. (First) Eva b. (Middle) c. (Last) Lowder		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Rupert, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Joseph L. Hitt			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug 17, 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Protrude Umbilical Cord	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Protrude Umbilical Cord.		22. STATE ALL OPERATIONS FOR DELIVERY Manual dilation - Version + Extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:25 a.m.		23a. ATTENDANT'S SIGNATURE [Signature]	23b. DATE SIGNED March 23, 1954
23c. ATTENDANT'S ADDRESS Burley, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/22/54	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. March 24, 1954	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR [Signature] ADDRESS Burley	

CERTIFICATE OF STILLBIRTH
State of Idaho

RECEIVED
APR 12 1954
Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY ELMORE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MT. HOME AFB, IDAHO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MT. HOME	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION USAF HOSP. MT. HOME AFB, IDA.		d. STREET ADDRESS (If rural, give location) BARTL TRL CT.	

3. CHILD'S NAME (Type or Print) SMITH			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) MAR 30 1954
7. FATHER'S NAME a. (First) LOWELL b. (Middle) EARL c. (Last) SMITH		8. COLOR OR RACE CAU	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) OKLA., RUSH SPRINGS	11a. USUAL OCCUPATION USAF (AMN)	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) CONSTANCE b. (Middle) MATTIE c. (Last) CUDE		13. COLOR OR RACE CAU	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) OKLA., MUSTANG	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT <i>Lowell E. Smith</i>			

18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES 36.2
20b. MATERNAL CAUSES INTRAUTERINE HEMORRHAGE & ASPHYXIA	

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR PREMATURE SEPARATION OF PLACENTA	22. STATE ALL OPERATIONS FOR DELIVERY RUPTURE OF MEMBRANES SPONTANEOUS DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:39 P. m. MT HOME AFB, IDAHO	23a. ATTENDANT'S SIGNATURE <i>Verny Brooke</i>	(Specify if M.D., midwife, or other)	23b. DATE SIGNED
	23c. ATTENDANT'S ADDRESS	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Donald D. McGill

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 2, 1954	25c. NAME OF CEMETERY OR CREMATORY Mountain View	25d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>April 2, 1954 H. Anderson</i>		26. FUNERAL DIRECTOR ADDRESS Bey Mortuary - Mountain Home, Idaho <i>Donald D. McGill</i>	

1. *Phragmites australis* (Cav.) Trin. ex Steud.

RECEIVED

PHS-797(VS)

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAR 18 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 540

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dayton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Dayton, Idaho.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY BALLS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 11, 1954</u>
7. FATHER'S NAME a. (First) <u>Arta</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Balls</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Logan, Utah.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Jean</u> c. (Last) <u>Bodrero</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Logan, Utah.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Lloyd Balls</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Nov 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Transverse presentation.</u>		20a. FETAL CAUSES <u>32.3</u>	
20b. MATERNAL CAUSES <u>Preeclamptic toxemia moderately severe.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Preeclamptic toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Version and extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Edward H. Daines Jr.</u> (Specify if M. D., midwife, or other) <u>M.D.</u>	
23b. DATE SIGNED <u>Mar 11 1954</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Richardson</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Mar. 12, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Logan</u>	25d. LOCATION (City, town, or county) (State) <u>Logan, Utah.</u>
DATE REC'D BY LOCAL REG. <u>Mar 11-1954</u>	REGISTRAR'S SIGNATURE <u>Eddie W. Brown</u>	26. FUNERAL DIRECTOR <u>Richards & Son</u> ADDRESS <u>Preston, Ida.</u>	

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(1948 Revision of Standard Certificate)

MAR 18 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 41

Local Reg. No. 9

Reg. Dist. No. 540

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Preston</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Linrose</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Weston, Idaho.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY NASH</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 16, 1954</u>
7. FATHER'S NAME a. (First) <u>Malcolm</u> b. (Middle) <u>Richard</u> c. (Last) <u>Nash</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Weston, Idaho.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ruth Tonia</u> b. (Middle) <u>Rawlings</u> c. (Last) <u>Nash</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Logan, Utah.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>M. Leland Nash Weston Idaho</u>			
18a. LENGTH OF PREGNANCY <u>20 WEEKS</u>	18b. WEIGHT AT BIRTH <u>1 LBS. - OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Rh Negative incompatibility - erythroblastosis</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Rh neg. delayed</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Leo R. Haugnes M.D.</u>	
23b. DATE SIGNED <u>3/17/54</u>		23c. ATTENDANT'S ADDRESS <u>Preston Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>L. R. Richards</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>March 17, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Franklin</u>	25d. LOCATION (City, town, or county) (State) <u>Franklin, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>3-17-1954</u>	REGISTRAR'S SIGNATURE <u>Effie M. Branner</u>	26. FUNERAL DIRECTOR ADDRESS <u>Richards & Son, Preston, Ida.</u>	

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(1949 Revision of Standard Certificate)

MAR 11 1954
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. _____

Local Reg. No. 174Reg. Dist. No. 440

1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jerome</u>	
b. CITY OR TOWN <u>Jerome</u>		c. CITY OR TOWN <u>Jerome, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Benedict's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>833 North Filmore</u>	
3. CHILD'S NAME (Type or Print) <u>KATHERINE LEE WEISMAN</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 5, 1954</u>
7. FATHER'S NAME a. (First) <u>Gerald</u> b. (Middle) <u>Armin</u> c. (Last) <u>Weisman</u>		8. COLOR OR RACE <u>Wh.</u>	
9. AGE (At time of this birth) <u>29 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Texhoma, Texas</u>	11a. USUAL OCCUPATION <u>X Carpenter</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Bldg. Construction</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Eileen</u> b. (Middle) <u>Bernelle</u> c. (Last) <u>Post</u>		13. COLOR OR RACE <u>Wh.</u>	
14. AGE (At time of this birth) <u>28 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Cowles, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Eileen Weisman (mother)</u>			
18a. LENGTH OF PREGNANCY <u>24 WEEKS</u>	18b. WEIGHT AT BIRTH <u>2 LBS. - OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct. 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Detached placenta with placental infarcts "Missed Abortion"</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:40 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John E. Flout M.D.</u>	
23b. DATE SIGNED <u>3/19/54</u>		23c. ATTENDANT'S ADDRESS <u>Jerome, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Mar. 5, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Jerome</u>	25d. LOCATION (City, town, or county) (State) <u>Jerome, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Mar. 5, 1954</u>	REGISTRAR'S SIGNATURE <u>Sister M. Rose, O.S.B.</u>	26. FUNERAL DIRECTOR ADDRESS <u>Gerald A. Weisman</u>	

RECEIVED DATE OF STILLBIRTH

APR 3 - 1954 State of Idaho

State File No.

Local Reg. No. 184

(918)

Reg. Dist. No. 44.0

1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u> Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerome</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Benedict's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>337 North Lucust</u>	
3. CHILD'S NAME (Type or Print) <u>PAT</u> <u>MICHAEL</u> <u>SCHERBINSKE</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 25, 1954</u>
7. FATHER'S NAME a. (First) <u>Elmer</u> b. (Middle) <u>Howard</u> c. (Last) <u>Scherbinske</u>		8. COLOR OR RACE <u>Wh.</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>McLaughlin, S. Dakota</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Maxine</u> b. (Middle) <u>Helen</u> c. (Last) <u>Cunningham</u>		13. COLOR OR RACE <u>Wh.</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Buhl, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Maxine H. Scherbinske (mother)</u>			
18a. LENGTH OF PREGNANCY <u>41</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes.....X.....No..... Approximate date <u>Nov. 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>20a. FETAL CAUSES</u> <u>Fetus entwined in umbilical cord about neck - & around axilla - obstructing umbilical vessels.</u> <u>20b. MATERNAL CAUSES</u> <u>None</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:40</u> P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Gordon D. Odham MD</u> 23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>	
		23b. DATE SIGNED <u>Mar. 26, 1954</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Elmer J. Odham</u> TITLE <u>Jerome</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>3/25/54</u>	25b. DATE <u>3/25/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Jerome</u>	25d. LOCATION (City, town, or county) (State) <u>Jerome, Idaho</u>
DATE REC'D BY LOCAL REG <u>Mar. 26, 1954</u>		26. FUNERAL DIRECTOR <u>Elmer J. Odham</u> ADDRESS <u>Jerome, Idaho</u>	

RECEIVED
MAR 27 1954
Division of Vital Statistics
11th Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 44
Local Reg. No. 690
Reg. Dist. No. _____

1. PLACE OF STILLBIRTH a. COUNTY <u>Lemhi</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lemhi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steele Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or Print) <u>Baby Nolan</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 17, 1954</u>

7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Nolan</u>		8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>unknown</u>	11a. USUAL OCCUPATION <u>Mechanic</u>
11b. KIND OF BUSINESS OR INDUSTRY		

12. MOTHER'S MAIDEN NAME a. (First) <u>Delores</u> b. (Middle) <u>Cecile</u> c. (Last) <u>Lyon</u>		13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Salmon, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>

17. INFORMANT <u>Cecile Wood</u> <u>Salmon Idaho</u>	18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>36.2</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Premature separation of placenta</u>
	20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Forceps</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Roy H. Simonsen</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>3-18-54</u>
	23c. ATTENDANT'S ADDRESS <u>Salmon Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Delbert C. Jones</u> TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3-18-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Salmon</u>	25d. LOCATION (City, town, or county) (State) <u>Salmon, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>Mar-27-54</u>	REGISTRAR'S SIGNATURE <u>Kiela C. Johnson</u>	26. FUNERAL DIRECTOR <u>Delbert C. Jones</u>	ADDRESS <u>Salmon, Idaho</u>
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RECEIVED

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 45Local Reg. No. 48Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 609 Preston	
3. CHILD'S NAME (Type or Print) GARY LOUIS BALDWIN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 8, 1954
7. FATHER'S NAME Louis Charles Baldwin		8. COLOR OR RACE White	
9. AGE (At time of this birth) 50 YEARS	10. BIRTHPLACE (State or foreign country) Kamiah, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME Ellen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Pomeroy, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? ---	
17. INFORMANT Ellen L. Baldwin			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan. 6, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature		
	20b. MATERNAL CAUSES 39.5		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature Spontaneous rupture of membranes		22. STATE ALL OPERATIONS FOR DELIVERY Manual removal of placenta.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Ralph Haas Jr. MD		23b. DATE SIGNED 3-13-54
	23c. ATTENDANT'S ADDRESS Clarkston, Wn.		24. SIGNATURE OF AUTHORIZED OFFICIAL T.R. Merchant
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 3/13/54	25c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery	25d. LOCATION (City, town, or county) (State) Clarkston, Washington
DATE REC'D BY LOCAL REG. 3-15-54	REGISTRAR'S SIGNATURE Jean Negeluis	26. FUNERAL DIRECTOR ADDRESS Clarkston, Washington	

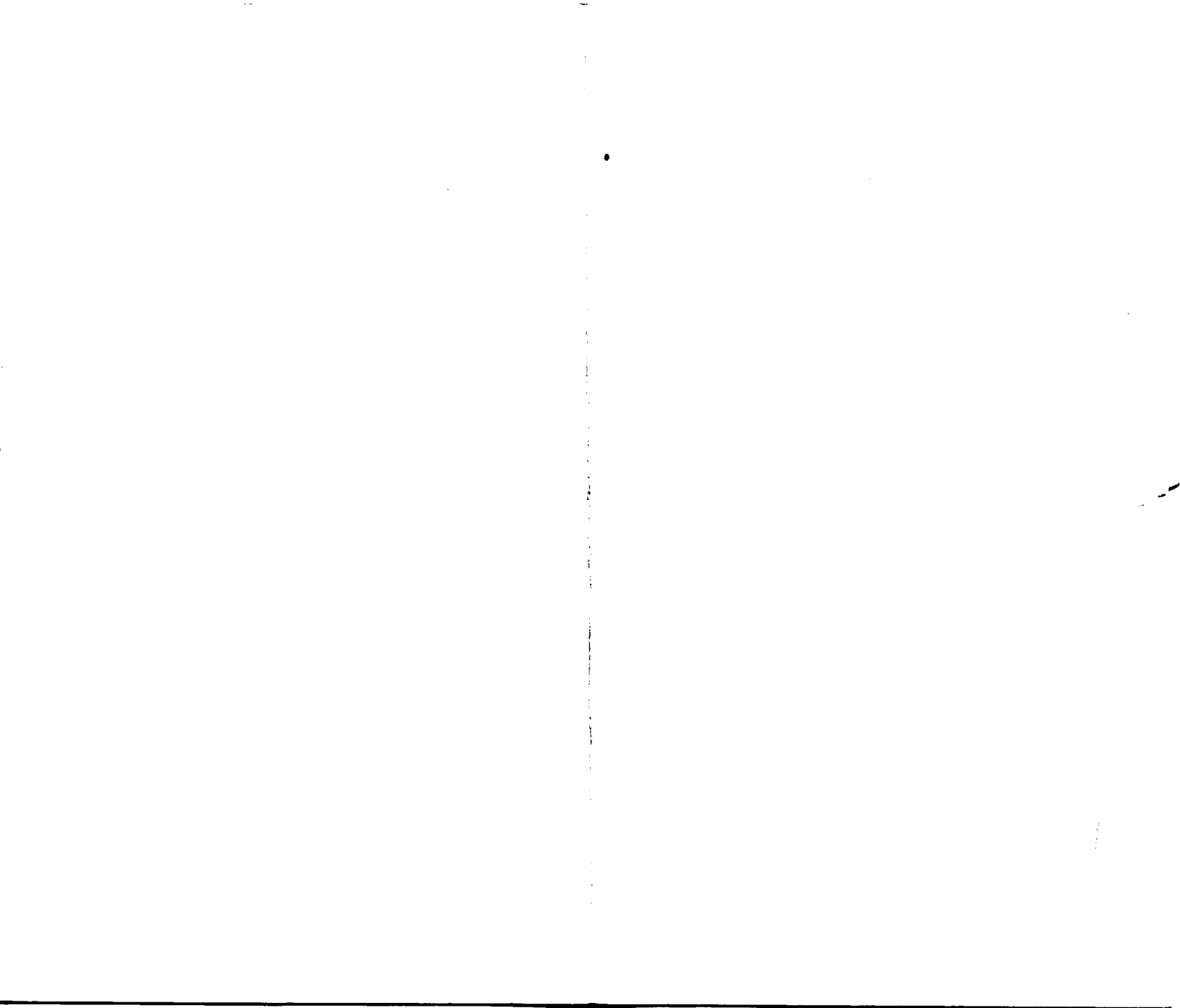
(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH

MAR 25 1954

State of Idaho

State File No. 16Local Reg. No. 57Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Asotin d. STREET ADDRESS (If rural, give location) -----		
3. CHILD'S NAME ((Type or Print)) BABY WEST					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 14, 1954		
7. FATHER'S NAME a. (First) LLOYD		b. (Middle)		c. (Last) WEST	
9. AGE (At time of this birth) 31 YEARS		10. BIRTHPLACE (State or foreign country) Asotin, Washington		11a. USUAL OCCUPATION Rancher	
				11b. KIND OF BUSINESS OR INDUSTRY Farm	
12. MOTHER'S MAIDEN NAME a. (First) PATRICIA		b. (Middle)		c. (Last) BAGGERLY	
14. AGE (At time of this birth) 27 YEARS		15. BIRTHPLACE (State or foreign country) Seattle, Washington		13. COLOR OR RACE WHITE	
17. INFORMANT Lloyd West		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date 3-4-54			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Proxia due to brain damage Shoulder presentation			
		20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Shoulder presentation			22. STATE ALL OPERATIONS FOR DELIVERY Version, Forceps		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE J. Newton		23b. DATE SIGNED 3-15-54	
		23c. ATTENDANT'S ADDRESS Lewiston, Id.		24. SIGNATURE OF AUTHORIZED OFFICIAL W.C. Merchant	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal		25b. DATE 3/17/1954		25c. NAME OF CEMETERY OR CREMATORY Vineland	
25d. LOCATION (City, town, or county) (State) Clarkston, Washington		26. FUNERAL DIRECTOR ADDRESS Clarkston, Washington			
DATE REC'D BY LOCAL REG. 3-19-54		REGISTRAR'S SIGNATURE Jean Wegelin			



RECEIVED

(Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

APR 1 - 1954

State of Idaho

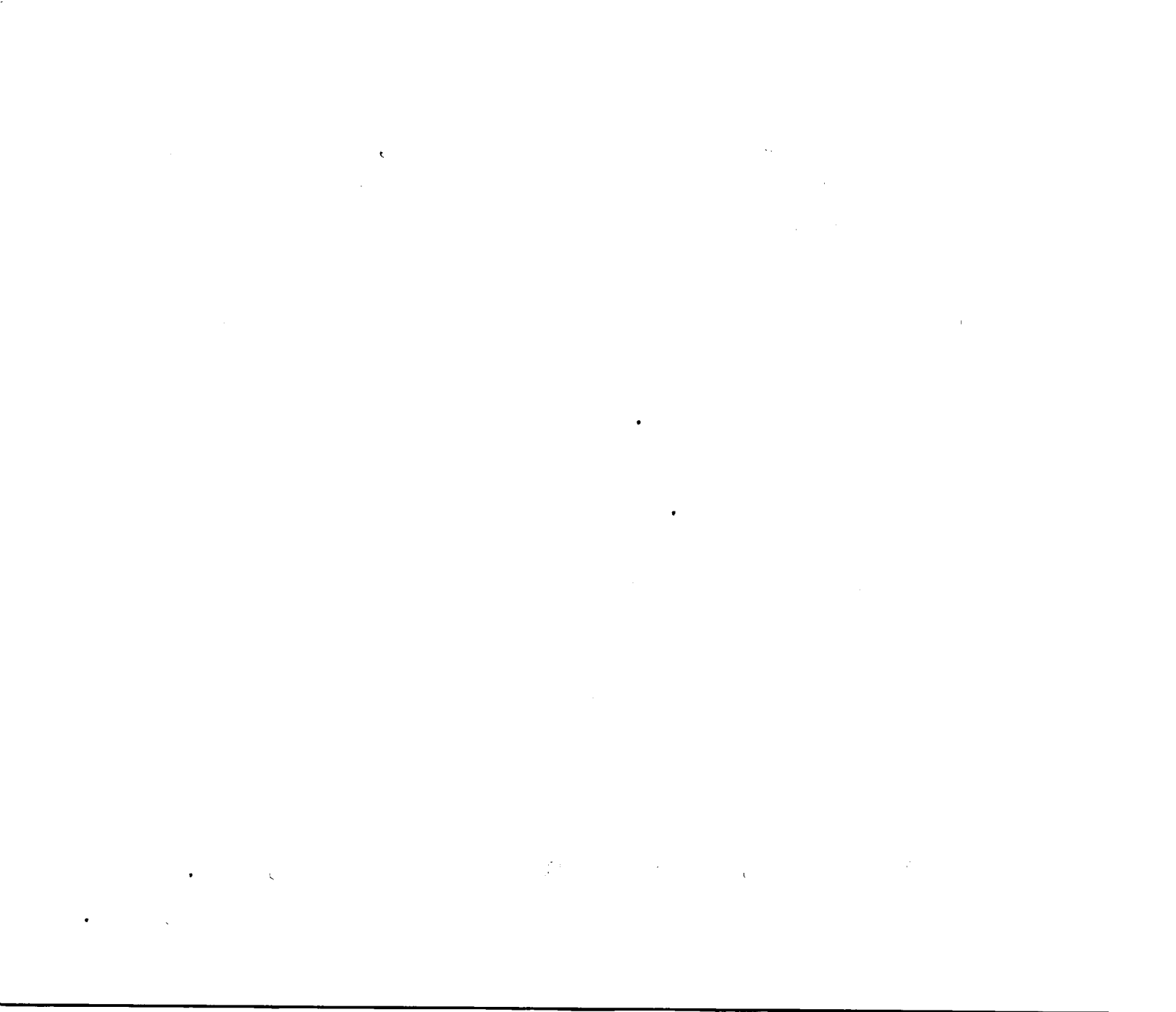
State File No. 47Local Reg. No. 12Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Nez Perce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		d. STREET ADDRESS (If rural, give location) <u>1111 Trevitt Way</u>	
3. CHILD'S NAME (Type or Print) <u>DEBORAH LYNN TANK</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 22, 1954</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Lee</u> c. (Last) <u>Tank</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Lead, South Dakota</u>	11a. USUAL OCCUPATION <u>Marine Corp</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Audra</u> b. (Middle) <u>Marie</u> c. (Last) <u>Barker</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Dorothy Lanier</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cardiac Tamponade with atelectasis Multiple skeletal congenital anomalies</u>		20a. FETAL CAUSES <u>Cardiac Tamponade with atelectasis Multiple skeletal congenital anomalies</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Pregnancy non - hemorrhage during labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:05</u> p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Jessie McRae M.D.</u>	
23b. DATE SIGNED <u>3/23/54</u>		23c. ATTENDANT'S ADDRESS <u>Lewiston Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>H.H. Malcom</u>		TITLE <u>McRae</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Normal-Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
25a. DATE REC'D BY LOCAL REG. <u>3-24-54</u>		25b. REGISTRAR'S SIGNATURE <u>Jean Hegelinis</u>	
25c. FUNERAL DIRECTOR <u>H.H. Malcom</u>		25d. ADDRESS <u>Lewiston, Idaho</u>	

CERTIFICATE OF STILLBIRTH
State of Idaho

RECEIVED
APR 17 1954
Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Wash.</u> b. COUNTY <u>Asotin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1447- Highland</u>	
3. CHILD'S NAME (Type or Print) <u>Danny Patrick Polumsky</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 31, 1954</u>
7. FATHER'S NAME a. (First) <u>Kenneth Polumsky</u> b. (Middle) c. (Last)		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) <u>Peola Wash.</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ruth</u> b. (Middle) c. (Last) <u>Bailey</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Bend Ore.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Kenneth J. Polumsky</u>	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <u>No.</u> Approximate date <u>10/2/53</u>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Asphyxia</u> 20b. MATERNAL CAUSES <u>Bleeds Contractions Ring</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>W. H. Cure MD</u> 23b. DATE SIGNED <u>4/2/54</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>April 2, 54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>4-3-54</u>	REGISTRAR'S SIGNATURE <u>Juan Negelino</u>	26. FUNERAL DIRECTOR ADDRESS <u>Ch. Lassar Lewiston, Idaho.</u>	



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 21

Reg. Dist. No. 142

49

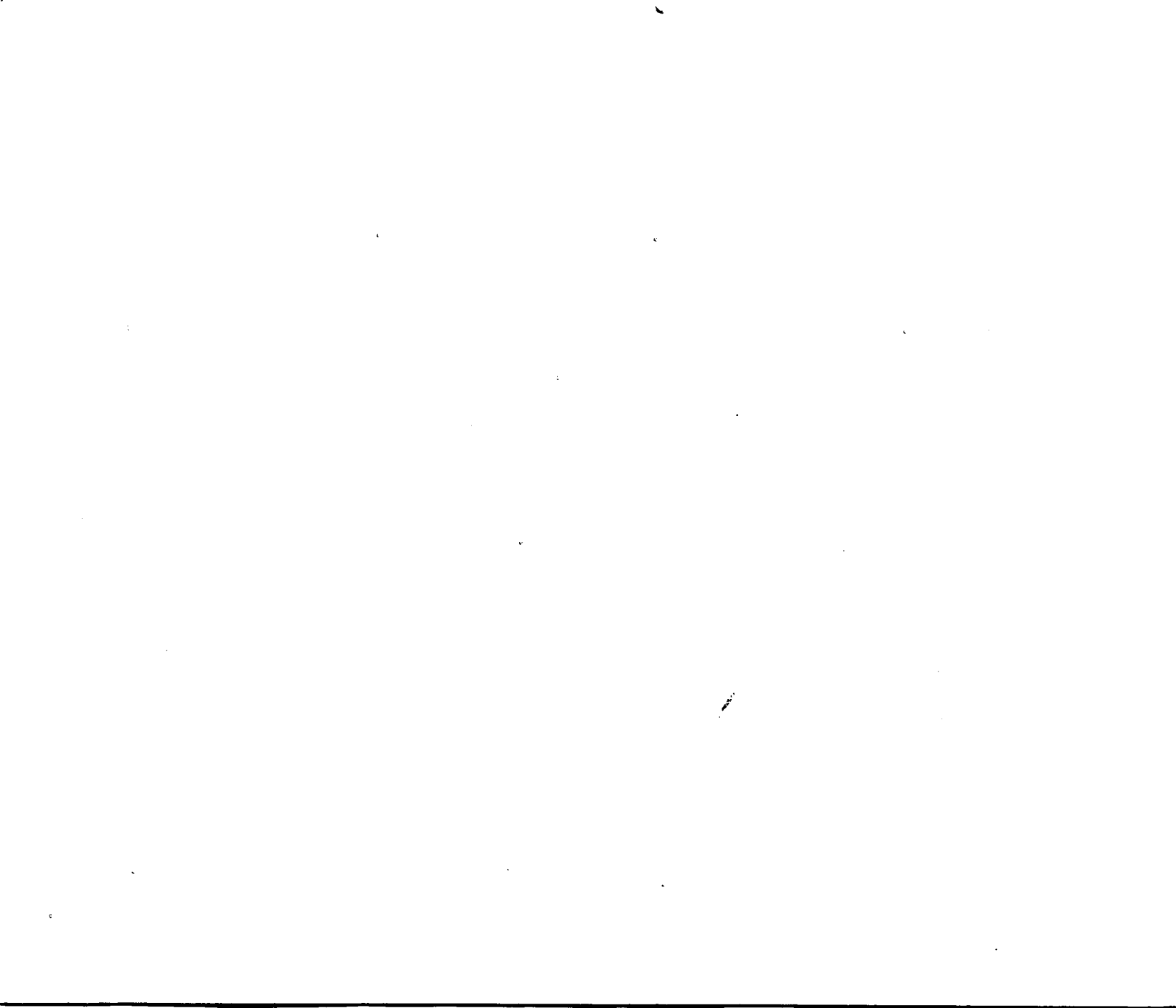
1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blattner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wallace</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rose Lake</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Providence</u>		d. STREET ADDRESS (If rural, give location) <u>Rose Lake</u>	
3. CHILD'S NAME (Type or Print) <u>Linda Toyce McKinnis</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 3, 1954</u>
7. FATHER'S NAME a. (First) <u>A</u> b. (Middle) <u>Wesley</u> c. (Last) <u>McKinnis</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>
12. MOTHER'S MAIDEN NAME <u>Phyllis</u> a. (First) <u>A</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Anderson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rose Lake Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>3</u>	
17. INFORMANT <u>Wesley McKinnis</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Syphilis (bluetongue)</u> 39.2	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	
23b. DATE SIGNED <u>3/8/54</u>		23c. ATTENDANT'S ADDRESS <u>Wallace, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/7/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose Lake</u>	25d. LOCATION (City, town, or county) (State) <u>Rose Lake Idaho</u>
DATE REC'D BY LOCAL REG. <u>3/19/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>Grant M. Glady Kellogg</u>	

1000

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(1944 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

50
State File No.
Local Reg. No. 385
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buhl	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Mem. Hosp.		d. STREET ADDRESS (If rural, give location) Rt. #3	
3. CHILD'S NAME (Type or Print) Baby Girl Robertson			
4. SEX Fe.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 3 18, 54
7. FATHER'S NAME a. (First) Joseph b. (Middle) W. c. (Last) Robertson		8. COLOR OR RACE White	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lela b. (Middle) Hays c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Missouri	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2. b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Mary Ann Robertson			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept 29 - 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillbirth Etiology unknown 39.5 20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rupture of membrane & breech presentation 12 days before delivery		22. STATE ALL OPERATIONS FOR DELIVERY R.U.L. virgin - forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:22 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M., W., midwife, or other) J. H. Schenck 23b. DATE SIGNED 3-19-54	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/20/54	25c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Park	25d. LOCATION (City, town, or county) (State) Twin Falls, Ida.
DATE REC'D BY LOCAL REG. March 23, 1954		26. FUNERAL DIRECTOR ADDRESS W. H. Thompson, Twin Falls, Ida.	



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(1949 Revision of Standard Certificate)

APR 15 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

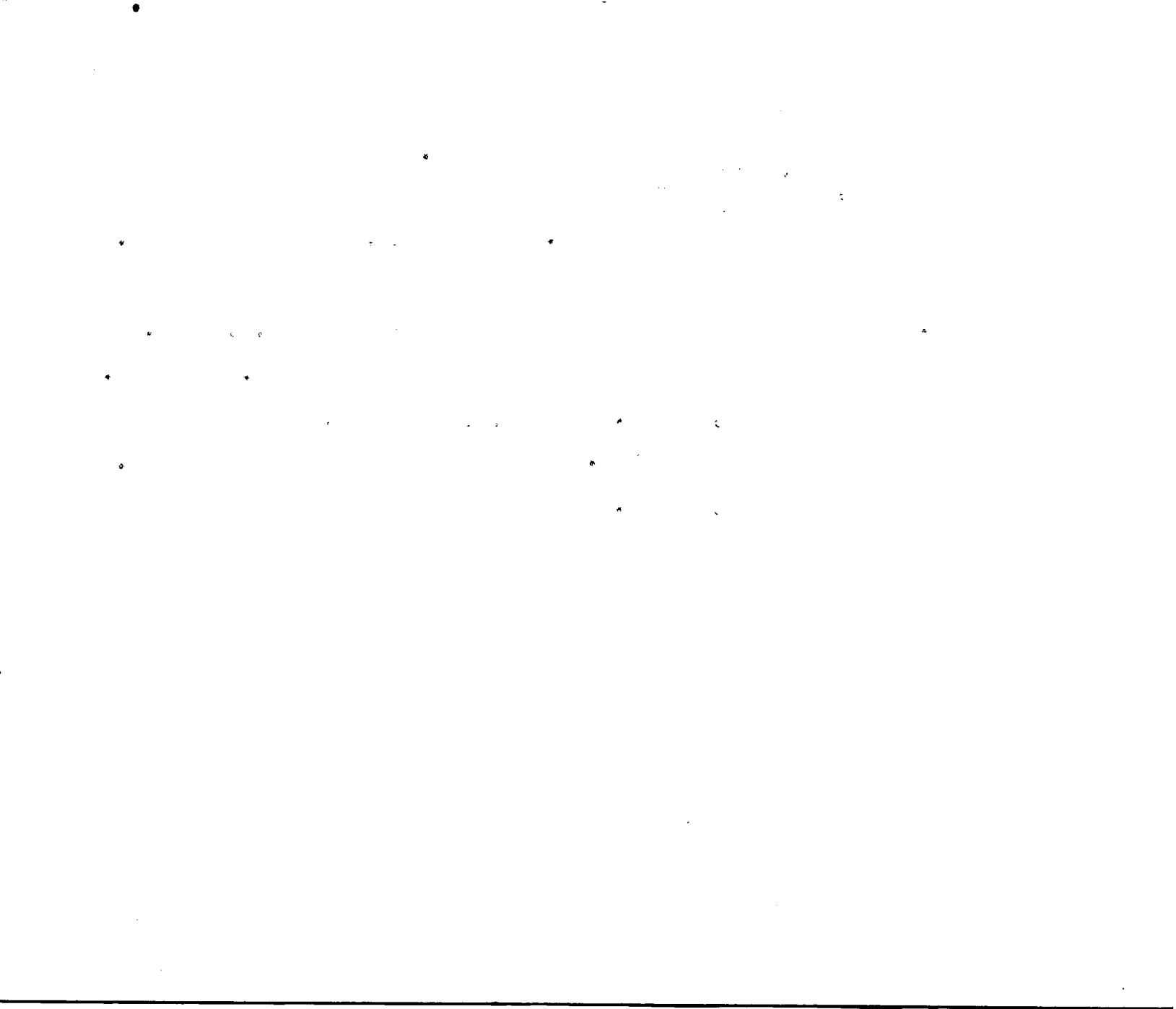
Local Reg. No. 135

Reg. Dist. No. 370

51

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Booth Memorial Hospital		d. STREET ADDRESS (If rural, give location) 4012. Nez Perce Street.	
3. CHILD'S NAME (Type or Print) BILLY WAYNE TRAUTMAN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 6, 1954
7. FATHER'S NAME a. (First) Junior b. (Middle) c. (Last) Doering		8. COLOR OR RACE White	
9. AGE (At time of this birth) 18 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION U.S. Airforce	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Patricia Ann Trautman b. (Middle) c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT 4012 Nez Perce St Boise, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES atelectasis of lung due to prematurity 39.5	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harold B. Hulme, M.D.	
23b. DATE SIGNED 8 April 1954		23c. ATTENDANT'S ADDRESS Boise, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Clayton E. Summers		23e. TITLE Boise, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/8/54	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 4-12-54	REGISTRAR'S SIGNATURE Myrtle Palmer (D.F.)	26. FUNERAL DIRECTOR SUMMERS FUNERAL HOME Boise, Idaho	



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(and Revision of Standard Certificate)

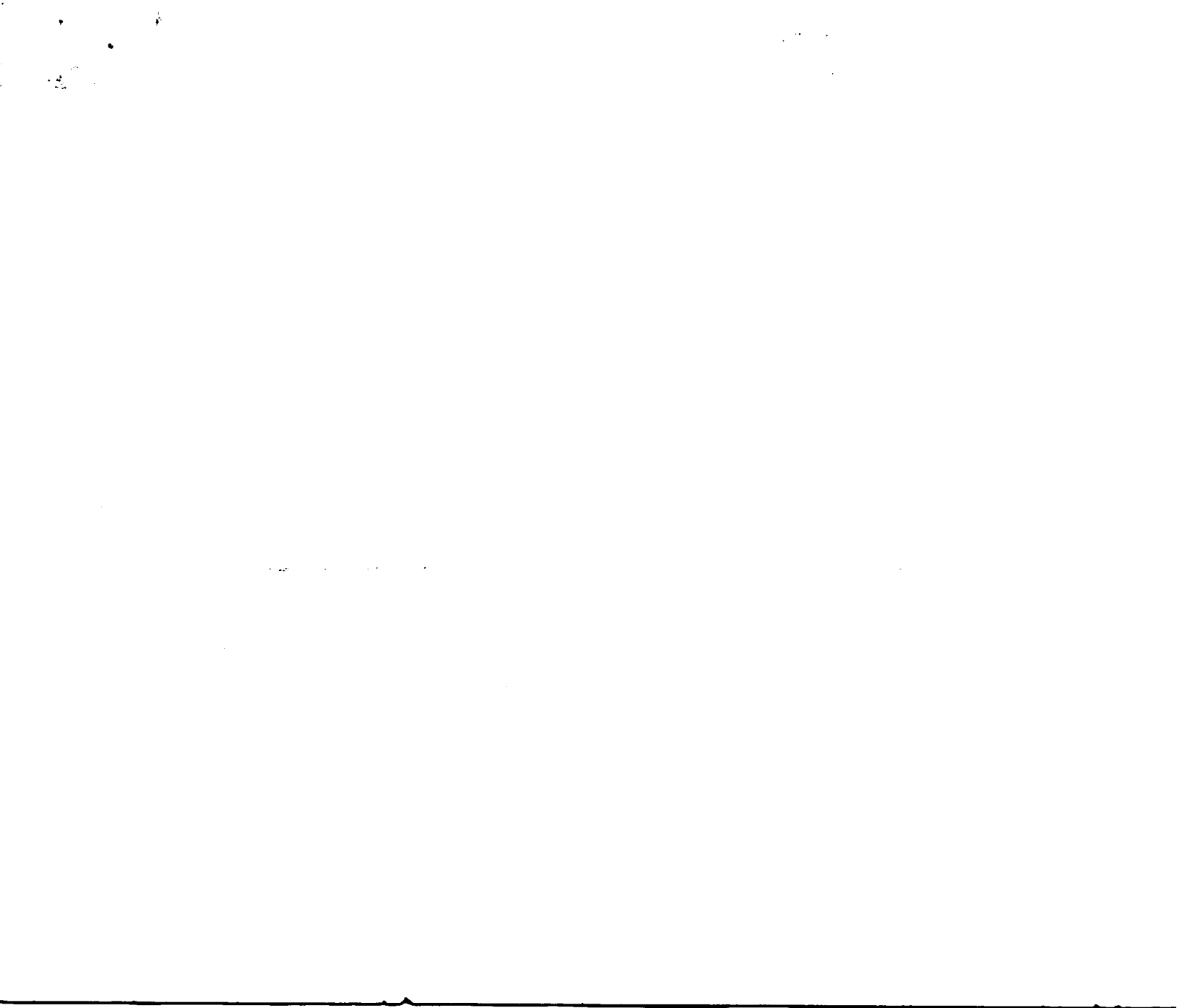
MAY 6 - 1954

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics
State of Idaho

State File No.
Local Reg. No. 164
Reg. Dist. No. 370

52

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2002 N 28th STREET.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY</u>			
4. SEX <u>1</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>APRIL 17th 1954</u>
7. FATHER'S NAME a. (First) <u>THOMAS</u> b. (Middle) <u>PAUL</u> c. (Last) <u>RICHMOND</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>WASHINGTON</u>	11a. USUAL OCCUPATION <u>TRUCKER STOP</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>OWPS</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>SARAH</u> b. (Middle) <u>ANNA</u> c. (Last) <u>SCHULTZ</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>WYOMING</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 th weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Father: Thomas Paul Richmond</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cord wrapped tightly around neck twice</u>		20a. FETAL CAUSES <u>36.0</u>	
20b. MATERNAL CAUSES <u>Rh-negative</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:45 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Justus E. Proulx, M.D.</u>	
		23b. DATE SIGNED <u>April 21, 1954</u>	
23c. ATTENDANT'S ADDRESS <u>30 Idaho Bldg., Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Boise</u>
25a. BURIAL (CREMATION) REMOVAL (Specify) <u>CREMATION</u>	25b. DATE <u>4/17/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-21-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>John C. McCarty, M.D. Boise, Idaho</u>	



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(1945 Revision of Standard Certificate)

MAY 20 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

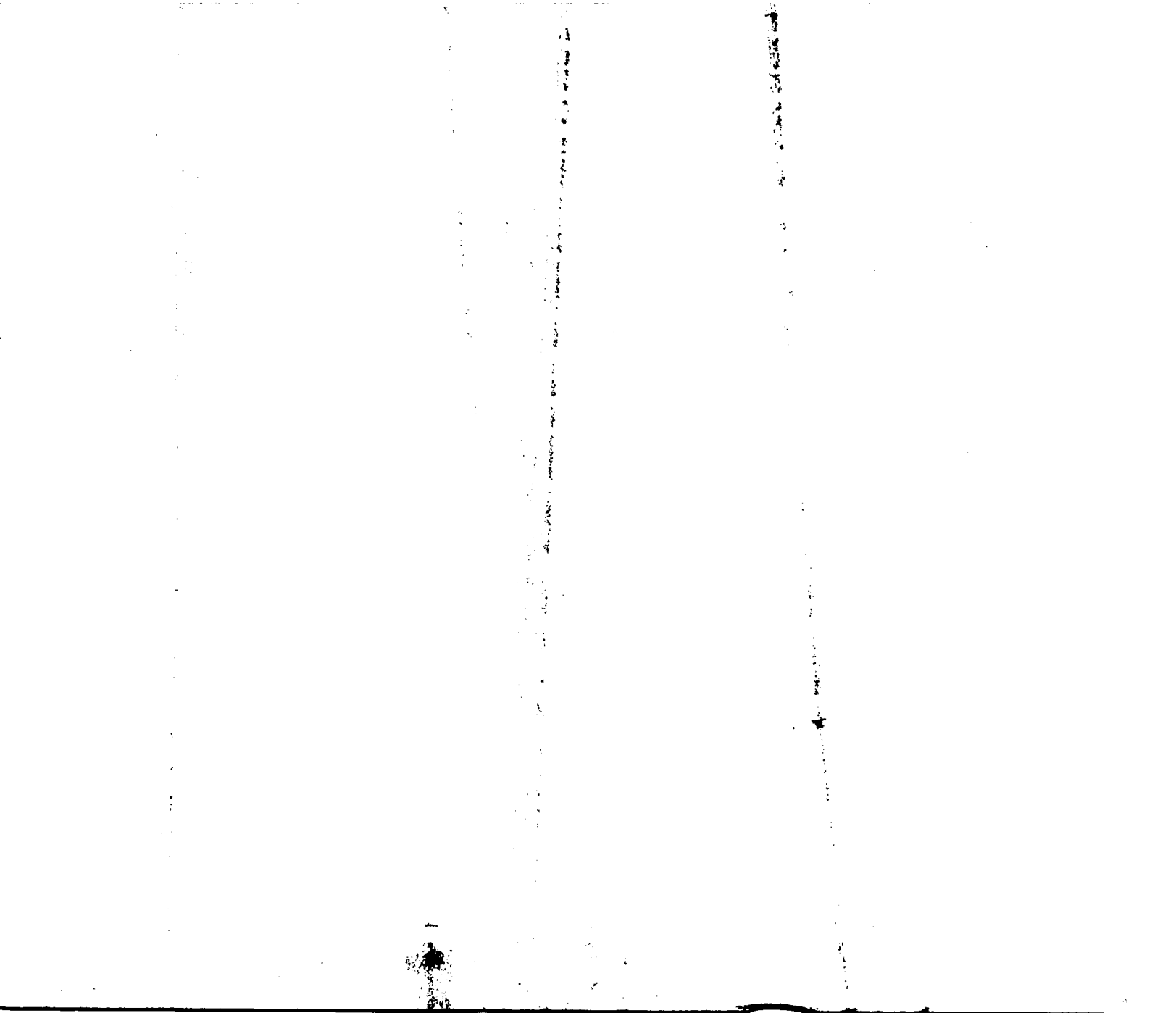
State File No.

53

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Bear Lake</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bear Lake</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montpelier</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bear Lake Memorial</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby girl Bolton</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4-3-54</u>
7. FATHER'S NAME a. (First) <u>GORDON</u> b. (Middle) <u>WYLER</u> c. (Last) <u>BOLTON</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>PARIS, IDAHO</u>	11a. USUAL OCCUPATION <u>JANITOR</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>ELAINE</u> b. (Middle) <u>JENSEN</u> c. (Last) <u>JENSEN</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>OVID, IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>ELAINE BOLTON</u> Mother			
18a. LENGTH OF PREGNANCY <u>23</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>39.6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Mar 4 - 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Spencer Rich</u> (Specify if M. D., midwife, or other) <u>MD.</u>	
23c. ATTENDANT'S ADDRESS <u>Paris, Idaho</u>		23b. DATE SIGNED <u>Apr 15 - 1954</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>File Matthews Montpelier Idaho</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-5-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Paris Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Paris, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4/24/54</u>	REGISTERED SIGNATURE <u>File Matthews</u>	26. FUNERAL DIRECTOR <u>File Matthews Montpelier Idaho</u>	



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(Revision of Standard Certificate)

MAY 20 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 54

Local Reg. No.

Reg. Dist. No. 522

1. PLACE OF STILLBIRTH a. COUNTY Bear Lake		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Utah b. COUNTY Rich	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garden City	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bear Lake Memorial Hospital		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or Print) Earlene Hansen			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 29, 1954

7. FATHER'S NAME a. (First) Russell	b. (Middle) S.	c. (Last) Hansen	8. COLOR OR RACE White
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9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Garden City, Utah	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
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12. MOTHER'S MAIDEN NAME a. (First) Lila	b. (Middle) Janet	c. (Last) Sharp	13. COLOR OR RACE White
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14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Montpelier, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
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17. INFORMANT Lila Hansen	
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18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan 25 - 1954
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Knot in umbilical cord. 36.0
	20b. MATERNAL CAUSES None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY None
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Spencer Rich	(Specify if M. D., midwife, or other) mid	23b. DATE SIGNED May 11-1954
	23c. ATTENDANT'S ADDRESS Box 276 Camp Lake	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Title

25a. BURIAL, CREMATION, REMOVAL (Specify) May 1954	25b. DATE May 1954	25c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	25d. LOCATION (City, town, or county) (State) Garden City Utah
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DATE REC'D BY LOCAL REG. 5/12/54	REGISTERAR'S SIGNATURE H. H. Hing	26. FUNERAL DIRECTOR Mike Matthews	ADDRESS Montpelier Idaho
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(24th Revision of Standard Certificate)

MAY 10 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 55
Local Reg. No. 92
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls, Idaho.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rte. #2 Rigby, Idaho.</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Idaho Falls L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. E. of Rigby, Idaho.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY MILLER</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 22, 1954</u>
7. FATHER'S NAME a. (First) <u>DeLoy</u> b. (Middle) <u>Delbert</u> c. (Last) <u>Miller</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ucon, Idaho</u>	11a. USUAL OCCUPATION <u>Assistant Manager</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Beverage Industry.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Afton</u> b. (Middle) c. (Last) <u>Gardner</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lyman, Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Dr. Jay Miller</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known.</u> 20b. MATERNAL CAUSES <u>(Rh neg mother) - Rh + father - But foetus not jaundiced.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harvey A. Hatch</u> 23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4/23/1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Little Butte Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Annis Jefferson Idaho.</u>
DATE REC'D BY LOCAL REG. <u>May 5-1954</u>	REGISTERAR'S SIGNATURE <u>Anna Budjes</u>	26. FUNERAL DIRECTOR <u>Bruce A. [unclear]</u> Rigby, Idaho.	

autopsy did not reveal any cause for stillbirth. I do not think that Rh factor was responsible.

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CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Riverdale</u> d. STREET ADDRESS (If rural, give location) <u>Riverdale, Idaho.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY NEWBOLD</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 10, 1954</u>
7. FATHER'S NAME a. (First) <u>REO</u> b. (Middle) <u>M.</u> c. (Last) <u>NEWBOLD</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>11</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Riverdale, Idaho.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Blanch</u> b. (Middle) <u>Sharp</u> c. (Last) <u>Newbold</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Preston, Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>4</u>	
17. INFORMANT <u>Reo Newbold Riverdale, Idaho</u>			
18a. LENGTH OF PREGNANCY <u>53</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Congenital Hydrocephalus</u> 20b. MATERNAL CAUSES <u>RH Negative antibodies</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11 P.</u> m.		23a. ATTENDANT'S SIGNATURE <u>D. R. Cutler</u> (Specify if M. D., midwife, or other) <u>M.H.</u> 23b. DATE SIGNED <u>4-12-54</u> 23c. ATTENDANT'S ADDRESS <u>Whitney</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Herman J. Richards</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 11, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Whitney</u>	25d. LOCATION (City, town, or county) (State) <u>Whitney, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>4-12-1954</u>	REGISTRAR'S SIGNATURE <u>Eddie M. Brown</u>	26. FUNERAL DIRECTOR ADDRESS <u>Richards & Son</u> <u>Preston, Ida.</u>	

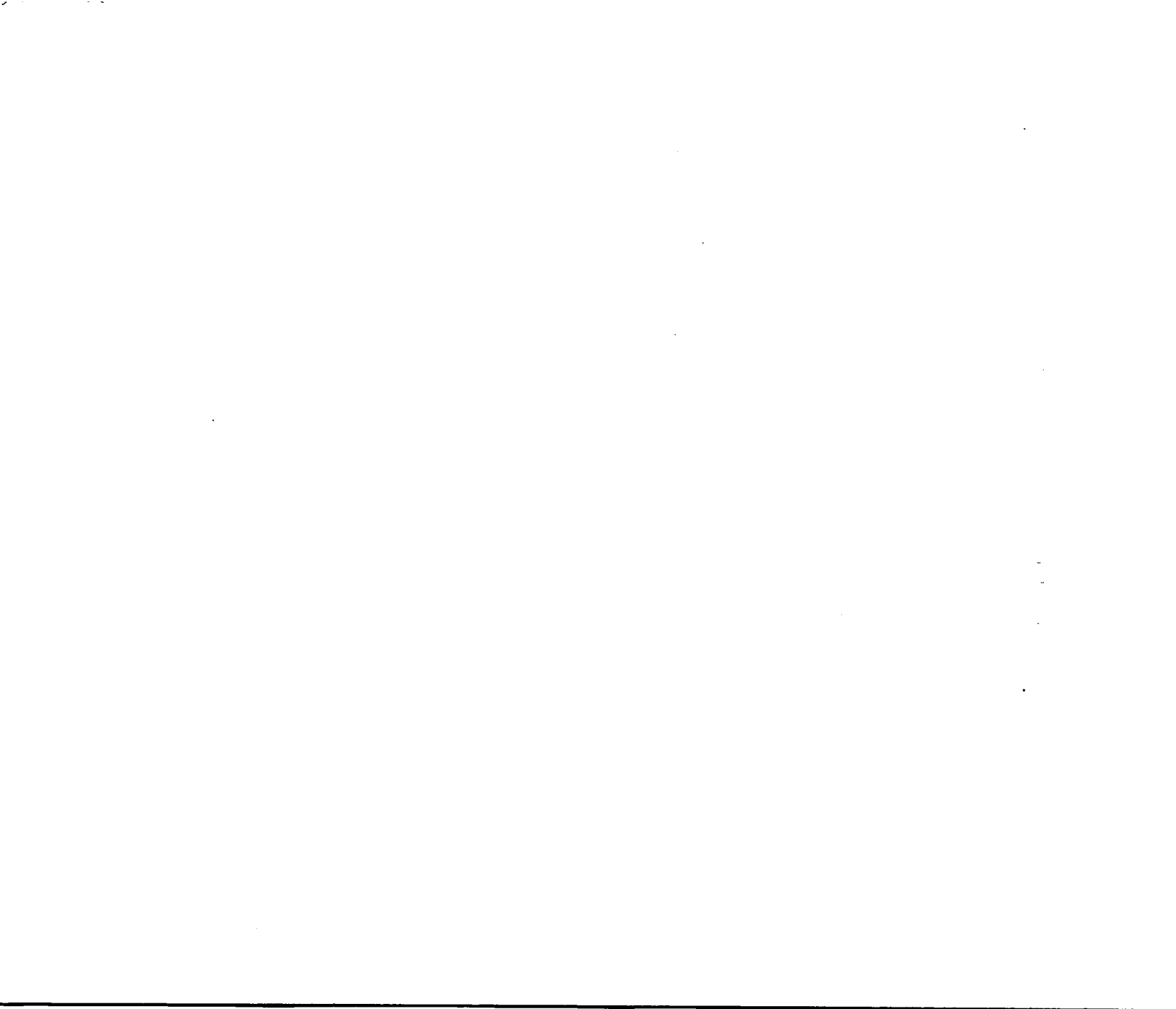
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CERTIFICATE OF STILLBIRTH

MAY 13 1954 State of Idaho

State File No. 57Local Reg. No. 1478Reg. Dist. No. 420

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gooding</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gooding</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gooding, Ida</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Gooding Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>1033 Montana St</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4/2 5-54</u>
7. FATHER'S NAME a. (First) <u>Fred</u> b. (Middle) <u>Joe</u> c. (Last) <u>Hansen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bozeman, Ida</u>	11a. USUAL OCCUPATION <u>Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Norma</u> b. (Middle) <u>June</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Gooding, Ida</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mrs. Fred Hansen (Mother)</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None found.</u>	
		20b. MATERNAL CAUSES <u>Incomplete placental separation.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M, D., midwife, or other) <u>Walter E. Anderson MD</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	23b. DATE SIGNED <u>5-3-54</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	25c. NAME OF CEMETERY OR CREMATORY
		25d. LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG. <u>4-30-54</u>		REGISTRAR'S SIGNATURE <u>JH Carruth</u>	
		26. FUNERAL DIRECTOR ADDRESS	



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(1949 Revision of Standard Certificate)

APR 10 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 58

Local Reg. No. 15

Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY IDAHO		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY IDAHO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANGEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANGEVILLE	
c. FULL NAME OF HOSPITAL OR INSTITUTION General		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Chicane			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 2 1954
7. FATHER'S NAME a. (First) Francis b. (Middle) D. c. (Last) Chicane		8. COLOR OR RACE white	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) San Jose, Calif	11a. USUAL OCCUPATION farmer	11b. KIND OF BUSINESS OR INDUSTRY diversified
12. MOTHER'S MAIDEN NAME a. (First) Millie b. (Middle) June c. (Last) Smirthwaite		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Whitebird Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Francis D. Chicane			
18a. LENGTH OF PREGNANCY 29 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 21 Dec 54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES		
	20b. MATERNAL CAUSES Premature Separation of Placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None until premature separation		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:42 a.m.	23a. ATTENDANT'S SIGNATURE Donald J. Altman M.D.		23b. DATE SIGNED 2 April 54
	23c. ATTENDANT'S ADDRESS Grangeville, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL James Peterson TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 2, 1954	25c. NAME OF CEMETERY OR CREMATORY Prairieview	25d. LOCATION (City, town, or county) (State) Grangeville, Idaho.
DATE REC'D BY LOCAL REG. April 2, 1954	REGISTRAR'S SIGNATURE Isma Cone	26. FUNERAL DIRECTOR James Peterson ADDRESS Grangeville,	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 59
Local Reg. No. 15
Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY <u>Jefferson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rigby</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 Mi. So. of Rigby</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monteview</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>BABY GARNER</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 9, 1954</u>
7. FATHER'S NAME a. (First) <u>LeRoy</u> b. (Middle) <u>Glen</u> c. (Last) <u>Garner</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Garfield, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Joy</u> c. (Last) <u>Ellis</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Monteview, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>LeRoy Glen Garner</u>			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>Poliomyelitis, & Pneumonia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:30A</u> m.	23a. ATTENDANT'S SIGNATURE <u>Isaac Hall</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>Apr. 9, 1954</u>
	23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>4/9/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Eckersell F. Home</u>	25d. LOCATION (City, town, or county) (State) <u>Rigby, Idaho</u>
DATE REC'D BY LOCAL REG <u>4/9/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. B. Eckersell</u>		26. FUNERAL DIRECTOR ADDRESS <u>Rigby, Idaho</u>

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(Revision of Standard Certificate)

APR 24 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 60

Local Reg. No. 21

Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rupert General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>106 - D. St.</u>	
3. CHILD'S NAME (Type or Print) <u>Charles H. Pelton Baby</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Apr. 2 1954</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Harlow</u> c. (Last) <u>Pelton</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>18</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Independence, Idaho</u>	
11a. USUAL OCCUPATION <u>Laborer</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Janet</u> b. (Middle) <u>Burgess</u> c. (Last) <u>Burgess</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>16</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>St. George, Utah</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u>		b. How many children were born alive but are now dead? <u>None</u>	
17. INFORMANT <u>Mrs. Elva Burgess</u>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
18a. LENGTH OF PREGNANCY <u>9.7 mo.</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cause not known</u> 39.6	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. William M. M.</u>	
23b. DATE SIGNED <u>4-11-54</u>		23c. ATTENDANT'S ADDRESS <u>Rupert Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert J. Boardman</u>		23e. TITLE <u>Rupert</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-12-54</u>	REGISTRAR'S SIGNATURE <u>Dr. E. L. Moore</u>	25. FUNERAL DIRECTOR <u>Robert J. Boardman</u> ADDRESS <u>Rupert Idaho</u>	

1

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 61
Local Reg. No. 75
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Asotin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Asotin</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>(Baby Boy) Parrish</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 7, 1954</u>
7. FATHER'S NAME a. (First) <u>Francis</u> b. (Middle) <u>Parrish</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Corning, Arkansas</u>	11a. USUAL OCCUPATION <u>Millworker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Hall</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Meeker, Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Francis Parrish</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>36.4</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Asphyxia; prolapsed cord</u> 20b. MATERNAL CAUSES <u>Premature separation placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See above</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Breech extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. Newton M.D.</u>	
23b. ATTENDANT'S ADDRESS <u>Lewiston Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clarkston Asotin Washington</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>4/9/1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Vineland</u>	25d. LOCATION (City, town, or county) (State) <u>Clarkston Asotin Washington</u>
DATE REC'D BY LOCAL REG. <u>4-9-54</u>	REGISTRAR'S SIGNATURE <u>Jean Wegelin</u>	25e. FUNERAL DIRECTOR ADDRESS <u>Clarkston, Washington</u>	

Form

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(1954) Revision of Standard Certificate)

MAY 11 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

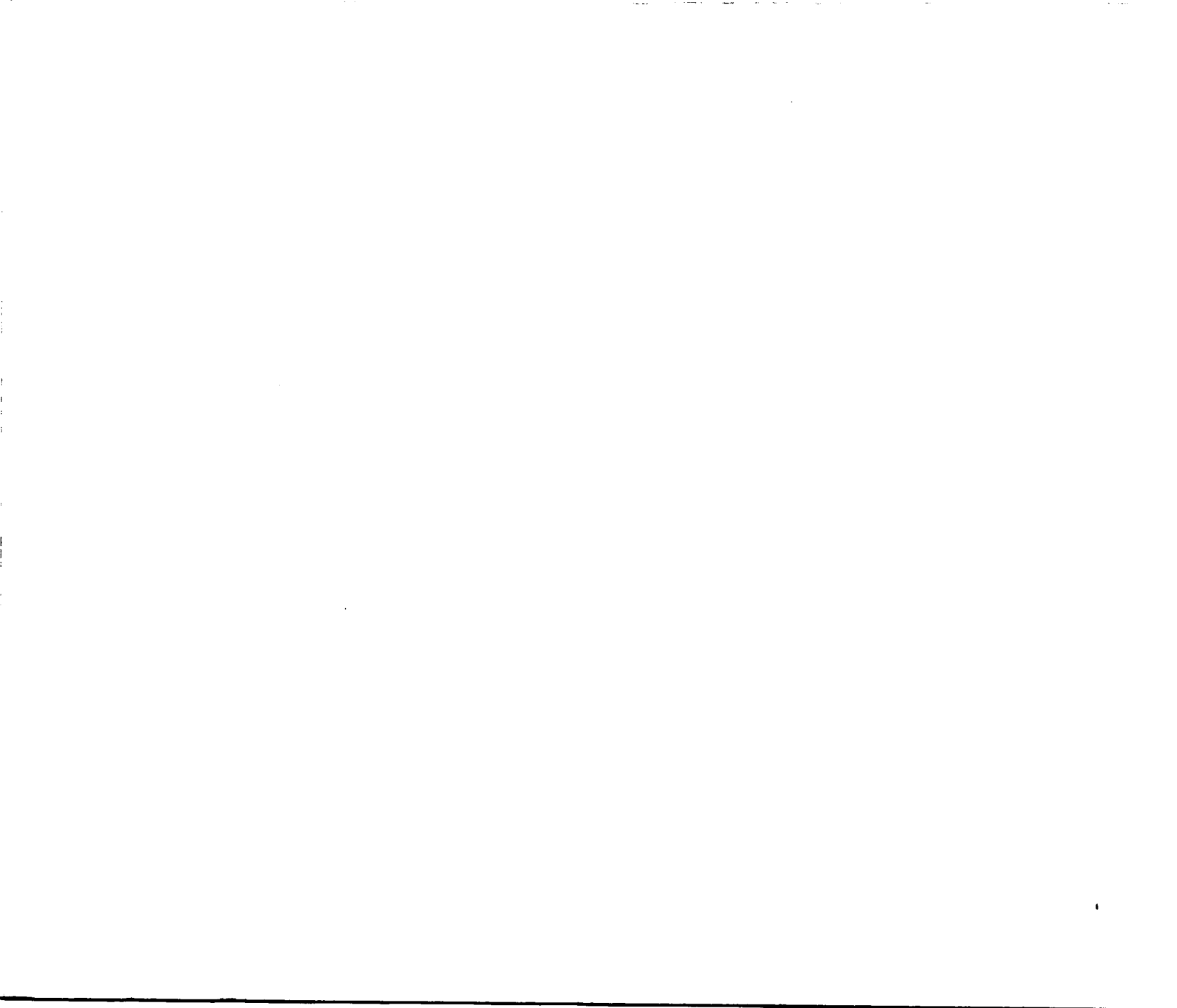
Division of Vital Statistics

State File No. 62

Local Reg. No. 374

Reg. Dist. No. 462

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Filer			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital		d. STREET ADDRESS Route 2		(If rural, give location)	
3. CHILD'S NAME (Type or Print)					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 19 1954		
7. FATHER'S NAME a. (First) John		b. (Middle) D.		c. (Last) Eastman	
8. COLOR OR RACE White					
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Laborer		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) Virginia		b. (Middle)		c. (Last) Ehrhard	
13. COLOR OR RACE White					
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Wyoming	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT					
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature - 5 months - 39.5			
		20b. MATERNAL CAUSES Immature del. -			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Harward C. Luke		23b. DATE SIGNED Feb. 19, 1954	
23c. ATTENDANT'S ADDRESS		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Apr. 30, 1954	REGISTRAR'S SIGNATURE Emma Jean Long	26. FUNERAL DIRECTOR J. Woodson Creed, m.d.		ADDRESS	
Disposed of by Laboratory of Magic Valley Memorial Hospital.					



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1949 Revision of Standard Certificate)

JUN 9 - 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

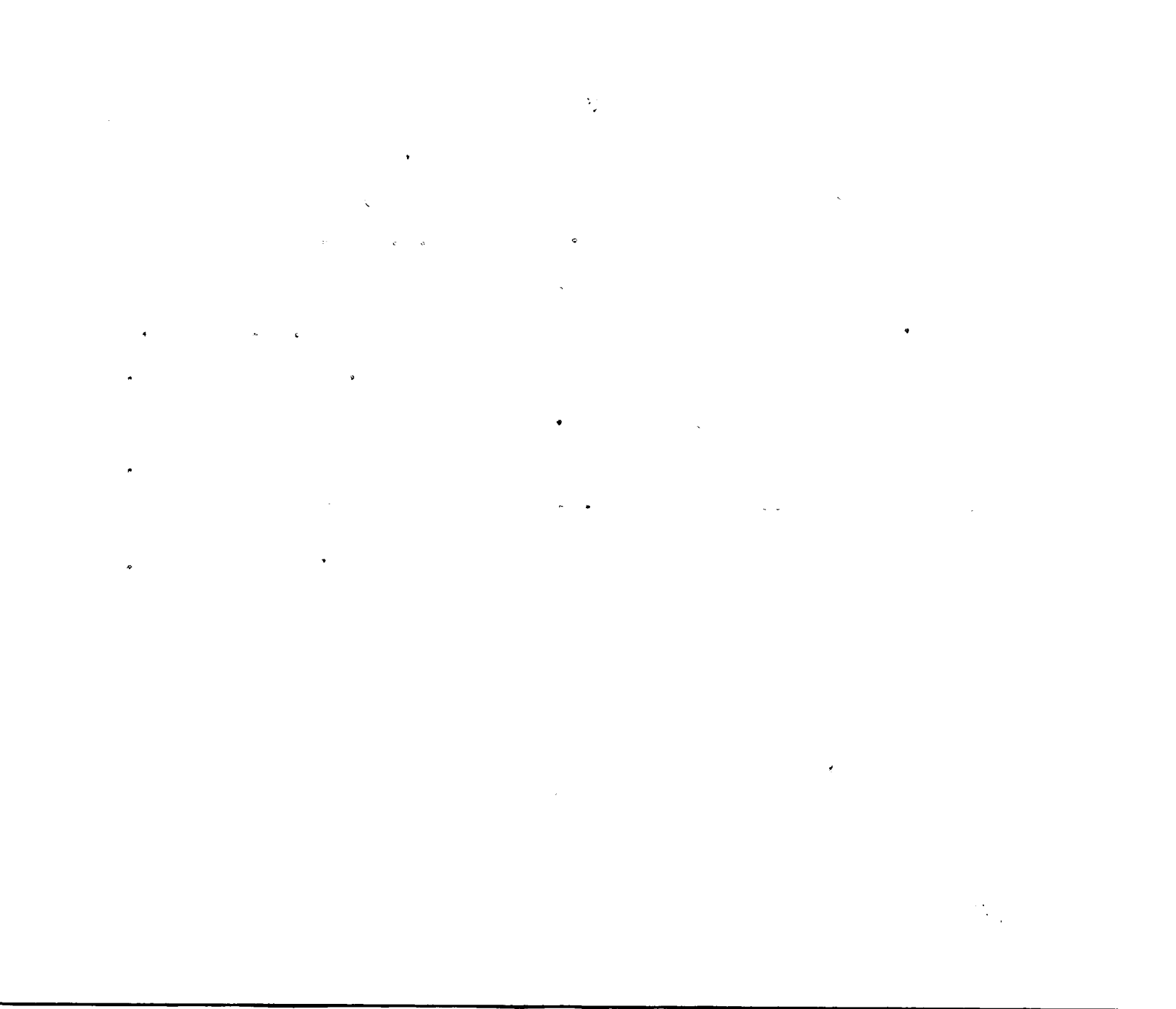
State File No. 000

Local Reg. No. 212

Reg. Dist. No. 370

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>R.D. # 4.</u>	
3. CHILD'S NAME (Type or Print) <u>JOHNIE LEE MILSTEAD.</u>			
4. SEX <u>Male.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May. 6. 1954.</u>
7. FATHER'S NAME a. (First) <u>Jimmie</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Milstead.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oakwood, Oklahoma.</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Patricia</u> b. (Middle) <u>Louise</u> c. (Last) <u>Welsh</u>		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>16</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Belle Fourche/ S.D.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None.</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None.</u>	
17. INFORMANT <u>Jimmie Ellis Milstead R.D. 4 Boise Idaho</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Marginal</u>	
		20b. MATERNAL CAUSES <u>Marginal placenta with premature separation.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>St. A. Asbach M.D.</u>	
23b. DATE SIGNED <u>6-3-54</u>		23c. ATTENDANT'S ADDRESS <u>Boise</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Cliff E. Summers</u>		TITLE <u>SUMMERS FUNERAL HOME</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>5/7/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>6-7-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>Cliff E. Summers</u> <u>SUMMERS FUNERAL HOME</u> <u>Boise, Idaho</u>	



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JUN 8 - 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 225

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Boise		c. CITY OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 2005 MountainView Drive	
3. CHILD'S NAME (Type or Print) DAVID BRYAN LARSON			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 19, 1954
7. FATHER'S NAME a. (First) GERALD	b. (Middle) P.	c. (Last) LARSON	8. COLOR OR RACE White
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Moline, Illinois	11a. USUAL OCCUPATION Dentist	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) DOROTHY	b. (Middle) JANE	c. (Last) LODER	13. COLOR OR RACE White
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Milan, Missouri	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Dr. Gerald P. Larson 2005 Mountain View Drive, Boise, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None (Anoxia) - intra uterine death 20b. MATERNAL CAUSES Premature Separation of Placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Only as above		22. STATE ALL OPERATIONS FOR DELIVERY outlet forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Barbara Reynolds M.D.	
23b. DATE SIGNED 5-21-54		24. SIGNATURE OF AUTHORIZED OFFICIAL Clyde E. Summers	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 5/22/54	
25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park		25d. LOCATION (City, town, or county) (State) Boise, Idaho	
DATE REC'D BY LOCAL REG. 6-1-54		REGISTRAR'S SIGNATURE Meyette Palmer	
25. FUNERAL DIRECTOR Summers Funeral Home		ADDRESS Boise, Idaho	

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(1949 Revision of Standard Certificate)

JUN 9 - 1954

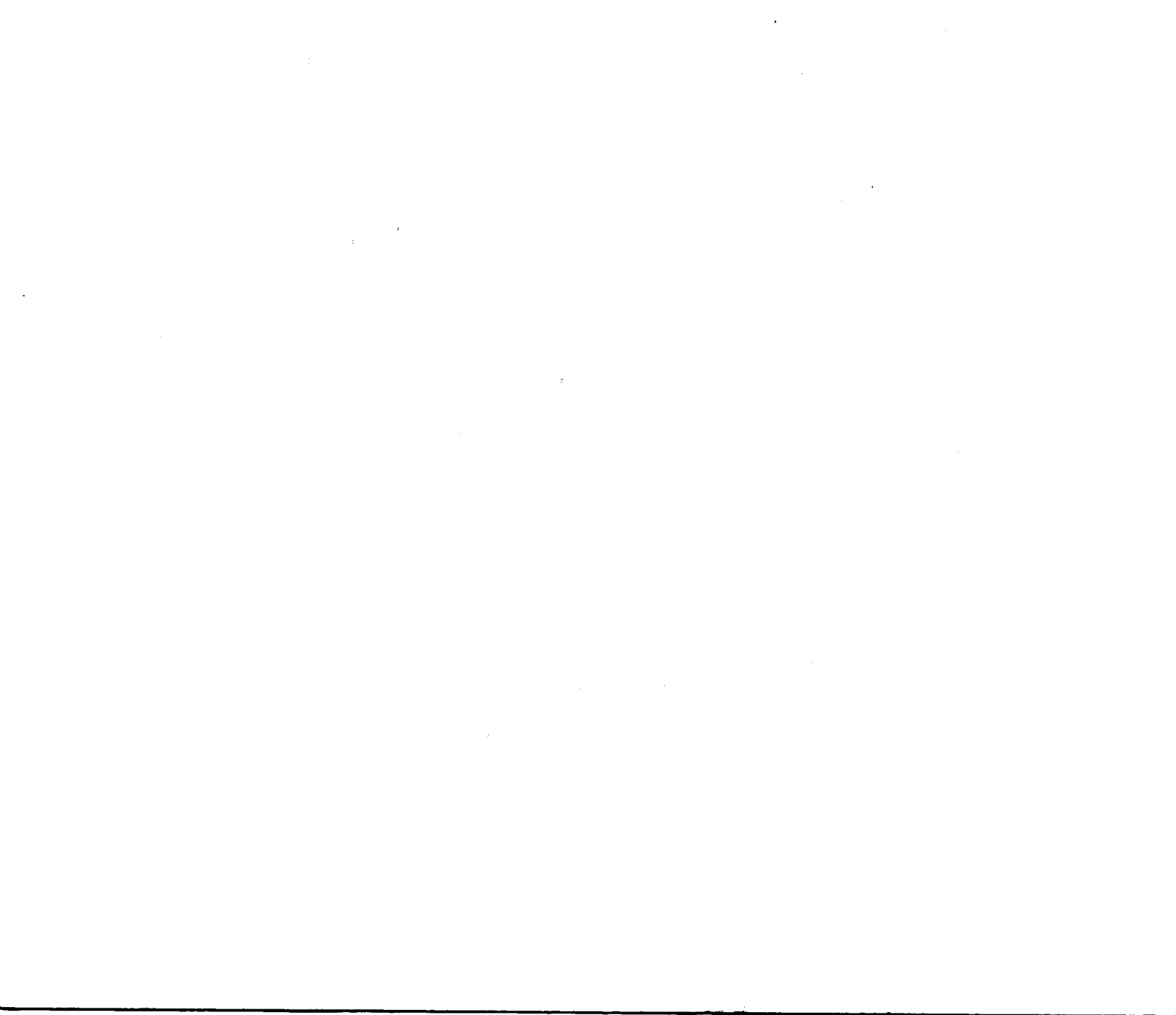
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 217
Reg. Dist. No. 270

Division of Vital Statistics

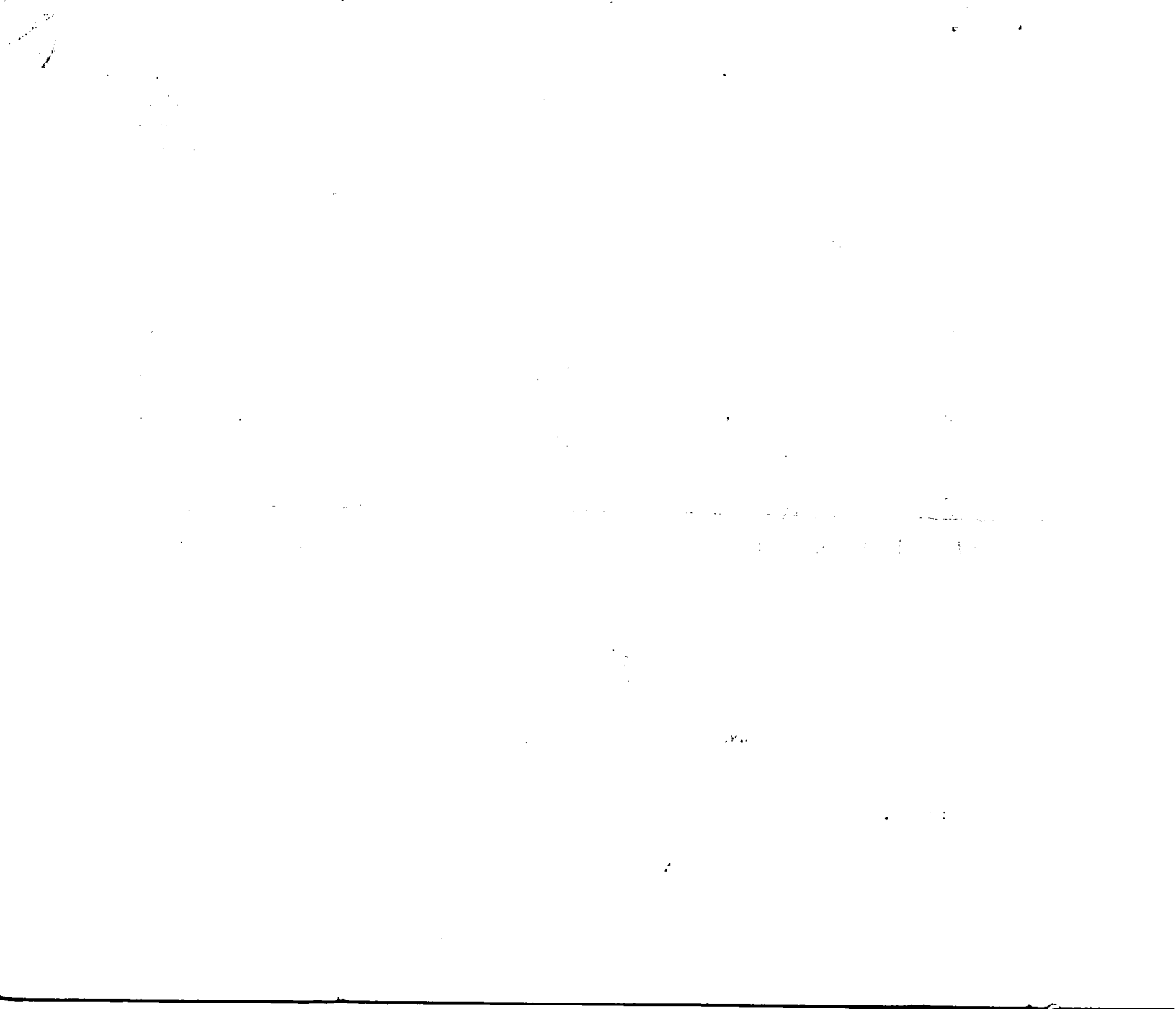
1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Booth Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1617 N. 24th Street</u>		
3. CHILD'S NAME (Type or Print) <u>CHRISTOPHER ANTHONY HANSEN</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 31, 1954</u>		
7. FATHER'S NAME a. (First) <u>Floyd</u> b. (Middle) <u>H.</u> c. (Last) <u>Hansen</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Washington</u>	11a. USUAL OCCUPATION <u>Plumber</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Lorna</u> b. (Middle) <u>Ione</u> c. (Last) <u>Mallard</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>			
17. INFORMANT <u>Lorna Ione Mallard</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Premature separation of placenta.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of plac.</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Harold B. Hulme, M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Boise, Idaho.</u>		23b. DATE SIGNED <u>3 June 1954</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Charles E. Summers</u> TITLE <u>SUMMERS FUNERAL HOME</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6/2/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>6-7-54</u>		REGISTRAR'S SIGNATURE <u>Meytle Palmer</u>		26. FUNERAL DIRECTOR <u>Charles E. Summers</u> ADDRESS <u>Boise, Idaho</u>	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 27 1954
State of Idaho

State File No. _____
Local Reg. No. 125
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 525 Lilac	
3. CHILD'S NAME (Type or Print) ZUNDEL			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 16, 1954
7. FATHER'S NAME a. (First) DWIGHT b. (Middle) LEWIS c. (Last) ZUNDEL		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Malad, Idaho	11a. USUAL OCCUPATION owner	11b. KIND OF BUSINESS OR INDUSTRY Zundel Service
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Jean c. (Last) Richardson		13. COLOR OR RACE white	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Betty Richardson Zundel mother			
18a. LENGTH OF PREGNANCY 31 WEEKS	18b. WEIGHT AT BIRTH LBS. _____ OZS. _____	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown		
	20b. MATERNAL CAUSES Unknown		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Normal	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:45 A. m.	23a. ATTENDANT'S SIGNATURE [Signature] (Specify if M. D., midwife, or other)		23b. DATE SIGNED 4-30-54
	23c. ATTENDANT'S ADDRESS Pocatello, Ida		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-17-54	25c. NAME OF CEMETERY OR CREMATORY Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. MAY 24 1954	REGISTRAR'S SIGNATURE Eva M. Wallin		26. FUNERAL DIRECTOR Thorpe Funeral Home Pocatello G. J. Loshman ADDRESS _____



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(1949 Revision of Standard Certificate)

MAY 27 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. _____
Local Reg. No. 126
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>633 West Carson</u>	
3. CHILD'S NAME (Type or Print) <u>INFANT GIRL POHLMAN</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 27, 1954</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Pohlman</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Grand Island, Nebr.</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U. P. R. R.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Erna</u> b. (Middle) <u>Matilda</u> c. (Last) <u>Kruse</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Libory, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Erna Matilda Pohlman</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity</u>		
	20b. MATERNAL CAUSES <u>Primary Uterine Inertia</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Twin Pregnancy; Primary Uterine Inertia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Outlet Forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:16</u> A. M.	23a. ATTENDANT'S SIGNATURE <u>H. K. Olsen, M.D.</u>		23b. DATE SIGNED <u>5-6-54</u>
	23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jack Henderson</u> TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>April 29, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REG. <u>MAY 24 1954</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Jack Henderson</u> ADDRESS <u>Pocatello, Idaho</u>	

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49 Revision of Standard Certificate)
MAY 20 1954
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. *SJ*
Reg. Dist. No.

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <i>Bea Lake</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Bea Lake</i>	
b. CITY OR TOWN <i>Montpelier Idaho</i>		c. CITY OR TOWN <i>Montpelier Idaho</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bea Lake Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>377 N. 6th</i>	
3. CHILD'S NAME ((Type or Print)) <i>Baby Serber (Joseph Gester)</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>May 8 1954</i>
7. FATHER'S NAME a. (First) <i>Joseph</i>		b. (Middle) <i>Serber</i> c. (Last) <i>Serber</i>	
8. COLOR OR RACE <i>White</i>			
9. AGE (At time of this birth) <i>37</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Montpelier Idaho</i>	11a. USUAL OCCUPATION <i>Truck Driver</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Amey</i>		b. (Middle) <i>Red</i> c. (Last) <i>Red</i>	
13. COLOR OR RACE <i>White</i>			
14. AGE (At time of this birth) <i>40</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>London Utah</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT		a. How many children are now living? <i>2</i>	b. How many children were born alive but are now dead? <i>None</i>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
18a. LENGTH OF PREGNANCY <i>42</i> WEEKS	18b. WEIGHT AT BIRTH <i>6</i> LBS. <i>9</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <i>8-31-53</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Strangulation by cord around neck</i>		
	20b. MATERNAL CAUSES <i>None</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Natural delivery</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>5-8-54</i> <i>4P</i> m.	23a. ATTENDANT'S SIGNATURE <i>Red</i>		23b. DATE SIGNED <i>5-18-54</i>
	23c. ATTENDANT'S ADDRESS <i>Montpelier Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John W. Matthews</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		25b. DATE <i>May 11 1954</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Montpelier Cemetery</i>
25d. LOCATION (City, town, or county) <i>Montpelier Idaho</i>		(State) <i>Idaho</i>	
DATE REC'D BY LOCAL REG. <i>5/18/54</i>	REGISTERED SIGNATURE <i>John W. Matthews</i>	26. FUNERAL DIRECTOR <i>John W. Matthews</i>	
		ADDRESS <i>Montpelier, Idaho</i>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAY 20 1954

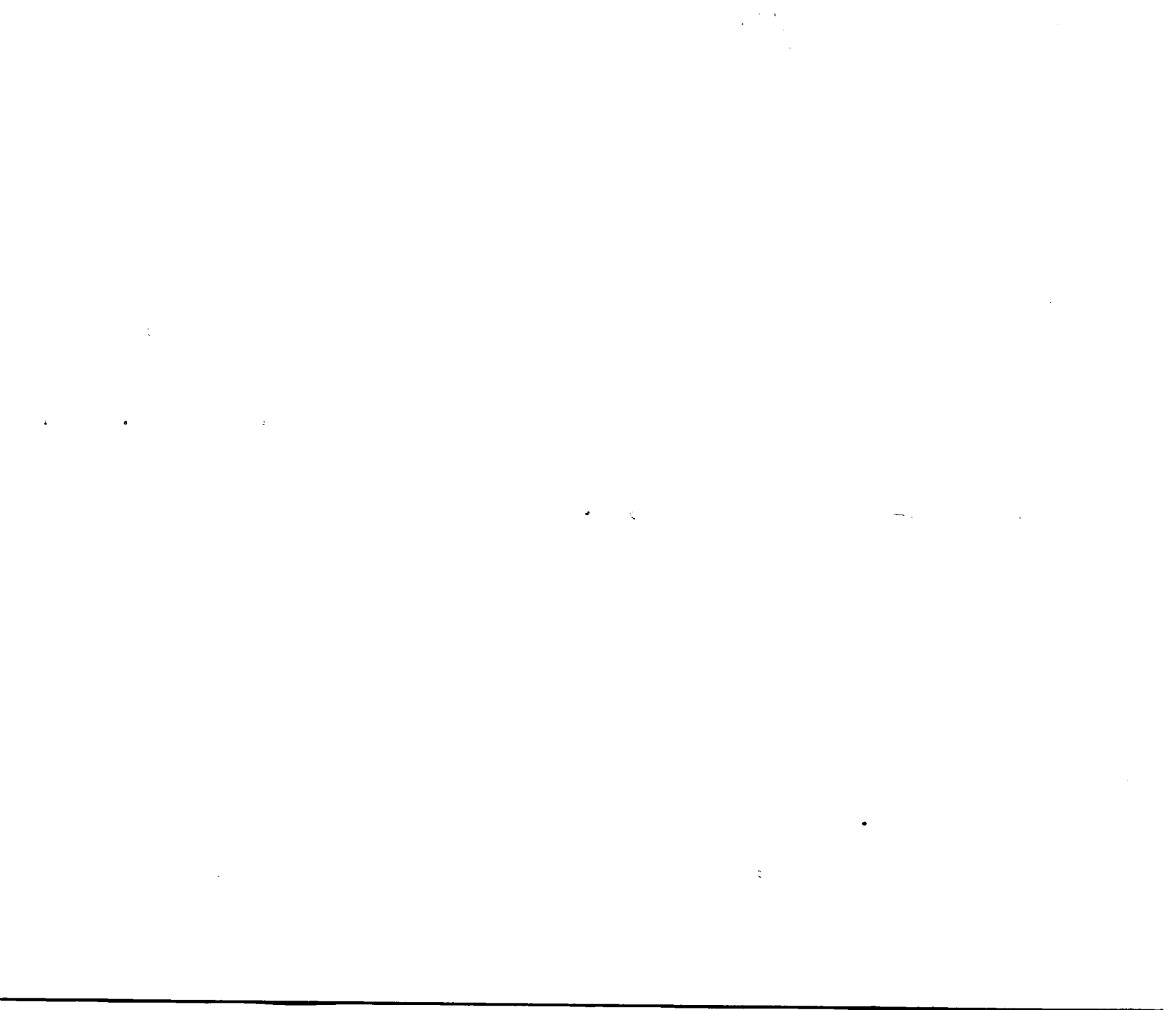
State of Idaho

State File No. 000

Local Reg. No. 125

Reg. Dist. No. 605

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Bingham</u>				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route #1</u>			
3. CHILD'S NAME (Type or Print)							
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 9, 1954</u>		
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Don</u> c. (Last) <u>Spencer</u>		8. COLOR OR RACE <u>White</u>					
9. AGE (At time of this birth) <u>37</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Sugar City, Idaho</u>		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY <u>Mt. States Tel. & Tel.</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Helen</u> c. (Last) <u>Clark</u>		13. COLOR OR RACE <u>White</u>					
14. AGE (At time of this birth) <u>31</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>Elaine Jensen - Clerk</u>							
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS		18b. WEIGHT AT BIRTH <u>?</u> LBS. <u>?</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>October</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>					
		20b. MATERNAL CAUSES <u>none</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>				22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:27 A.M.</u>		23a. ATTENDANT'S SIGNATURE <u>Ralph Hoates M.D.</u>			23b. DATE SIGNED <u>May 12, 1954</u>		
		23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Alvin C. Hoates M.D.</u>		TITLE <u>Physician</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>		25b. DATE <u>May 9, 1954</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>May 12 1954</u>		REGISTRAR'S SIGNATURE <u>Wm. C. Hoates E. F. Hoates</u>		26. FUNERAL DIRECTOR <u>Alvin C. Hoates M.D.</u>		ADDRESS <u>Blackfoot, Idaho</u>	



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MAY 25 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 410

1. PLACE OF STILLBIRTH: a. COUNTY <u>Blaine</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hailey</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ketchum</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hailey Clinical</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>MICHAEL RAINO</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3 25 54</u>
7. FATHER'S NAME a. (First) <u>RAY</u> b. (Middle) <u>ROLF</u> c. (Last) <u>RAINO</u>	8. COLOR OR RACE <u>W.</u>		
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>MARQUETT, MICH.</u>	11a. USUAL OCCUPATION <u>musician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Entertainment</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>BARBARA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>HILL</u>	13. COLOR OR RACE <u>W.</u>		
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>TAMPA FLA.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Ray R. Raino</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u>	
		20b. MATERNAL CAUSES <u>Hypochromia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	
23b. DATE SIGNED <u>5/6/54</u>		23c. ATTENDANT'S ADDRESS <u>Blaine, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>3-26-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hailey</u>	25d. LOCATION (City, town, or county) (State) <u>Hailey Idaho.</u>
DATE REC'D BY LOCAL REG. <u>May 10, 1954</u>		26. FUNERAL DIRECTOR <u>Ray McGoldrick, Hailey</u>	

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949 Revision of Standard Certificate)

MAY 25 1954

CERTIFICATE OF STILLBIRTH

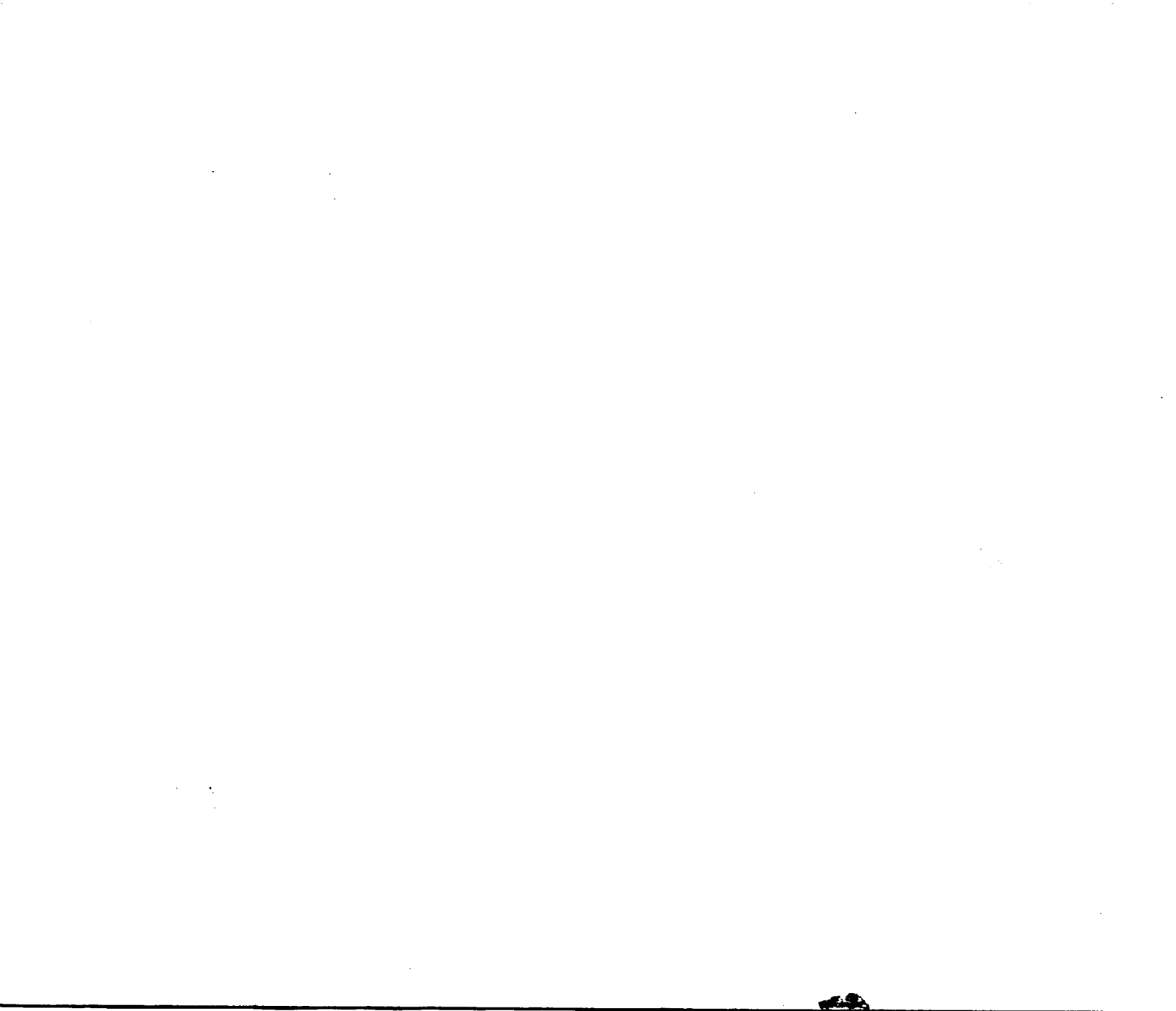
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Blaine</u>		2. USUAL RESIDENCE OF MOTHER (Where mother lives) a. STATE <u>Ida.</u> b. COUNTY <u>Blaine</u>	
b. CITY OR TOWN <u>Hailey</u>		c. CITY OR TOWN <u>Ketchum</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hailey, Clinical</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>J MITCHELL RAINO</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3-25-54</u>
7. FATHER'S NAME a. (First) <u>RAY</u> b. (Middle) <u>ROLF</u> c. (Last) <u>RAINO</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Marquett, Mich</u>	11a. USUAL OCCUPATION <u>Musician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Entertainment</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>BARBARA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>HILL</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Tampa, Fla.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>I</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Larry R. Raino</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> <u>39.5</u>	
		20b. MATERNAL CAUSES <u>Hydramnios</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. J. H. ...</u> 23c. ATTENDANT'S ADDRESS <u>...</u>	
		23b. DATE SIGNED <u>2/6/54</u>	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ray Mc Goldrick, Hailey</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>3-26-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hailey</u>	25d. LOCATION (City, town, or county) (State) <u>Hailey, Ida.</u>
DATE REC'D BY LOCAL REG. <u>May 10-1954</u>		REGISTRAR'S SIGNATURE <u>Robert H. Wright-per</u> FUNERAL DIRECTOR <u>Ray Mc Goldrick, Hailey</u> ADDRESS <u>...</u>	



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JUN 9 - 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 112

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Swan Valley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Ashmont</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 23-1954</u>
7. FATHER'S NAME a. (First) <u>Blaine</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Ashmont</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Freedom Wyoming</u>	11a. USUAL OCCUPATION <u>Dept. of Highways</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Road work</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Irene</u> c. (Last) <u>Sexton</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Blaine Ashmont</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> <u>5 1/2 mo</u> <u>39.5</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Joyce M. Hatcher</u> 23b. DATE SIGNED <u>May 54</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>Apr 23, 54</u>	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls</u>
DATE REC'D BY LOCAL REG. <u>June 4-1954</u>		26. FUNERAL DIRECTOR ADDRESS <u>Anna Bridges</u> <u>Geo. H. Williams</u> <u>Idaho Falls</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUN 21 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 3

Reg. Dist. No. 36.2

1. PLACE OF STILLBIRTH a. COUNTY Canyon			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa -			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa - Rural		
c. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital			d. STREET ADDRESS (If rural, give location) Rt # 2		
3. CHILD'S NAME (Type or Print) ANDREW CROTT SIMER					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 27, 1954		
7. FATHER'S NAME a. (First) Andrew		b. (Middle)		c. (Last) Simer	
8. COLOR OR RACE White					
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION Butcher	11b. KIND OF BUSINESS OR INDUSTRY Kings Packing		
12. MOTHER'S MAIDEN NAME a. (First) Celia		b. (Middle)		c. (Last) Wilson	
13. COLOR OR RACE White					
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Veivfield, So. Dak.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT Mrs. Lloyd Campbell					
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 36.0			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cord wrapped around neck causing strangulation			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D. Mangum MD		23b. DATE SIGNED 6-2-54	
		23c. ATTENDANT'S ADDRESS Nampa, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE May 29, 1954	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery		25d. LOCATION (City, town, or county) (State) Nampa, Idaho	
DATE REC'D BY LOCAL REG. June 17, 1954		REGISTRAR'S SIGNATURE Mrs. Jane Steen		26. FUNERAL DIRECTOR John F. Alsip, Jr. Nampa, Ida. Alsip Funeral Chapel	

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(1949 Revision of Standard Certificate)

Division of Vital Statistics

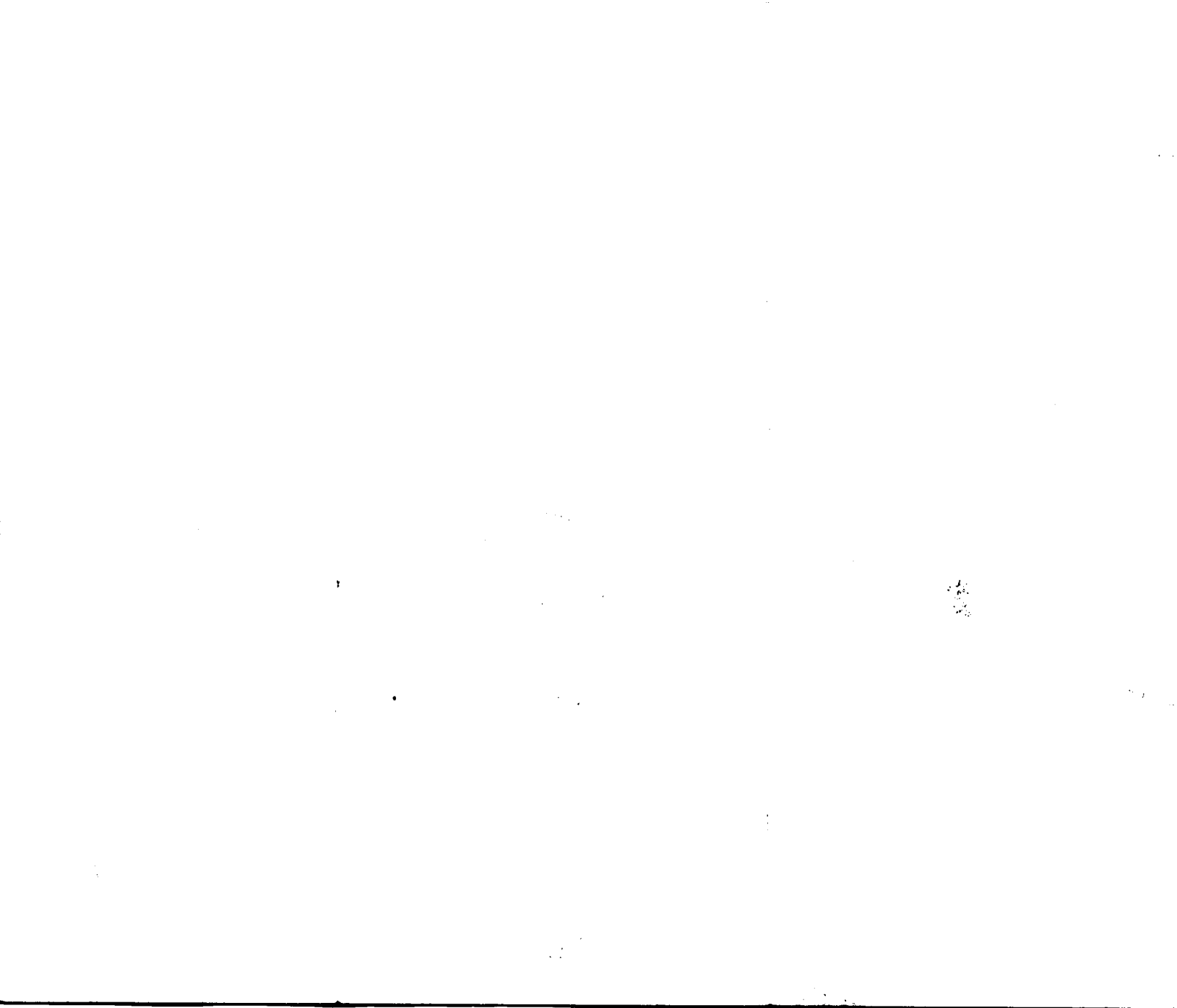
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Small</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Small</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>at residence of mother</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
3. CHILD'S NAME (Type or Print) <u>None.</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 10, 1954</u>
7. FATHER'S NAME a. (First) <u>Waylett</u> b. (Middle) <u>Meiland</u> c. (Last) <u>Gauchay</u>		8. COLOR OR RACE <u>Cauc</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Dubois, Idaho</u>	11a. USUAL OCCUPATION <u>Rancher.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u> b. (Middle) <u>Delores</u> c. (Last) <u>Maloney</u>		13. COLOR OR RACE <u>Cauc.</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Dubois, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Myrtle Gauchay</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>No Apparent Cause</u>	
		20b. MATERNAL CAUSES <u>No apparent cause</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:30 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. L. J. L. M. D.</u>	
23b. DATE SIGNED <u>5-11-54</u>		23c. ATTENDANT'S ADDRESS <u>Rexburg, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Madge M. Leek</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Toy A. Hoag</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>5/13/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rexburg</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS <u>Rexburg, Idaho</u>	



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JUN 11 1954

CERTIFICATE OF STILLBIRTH

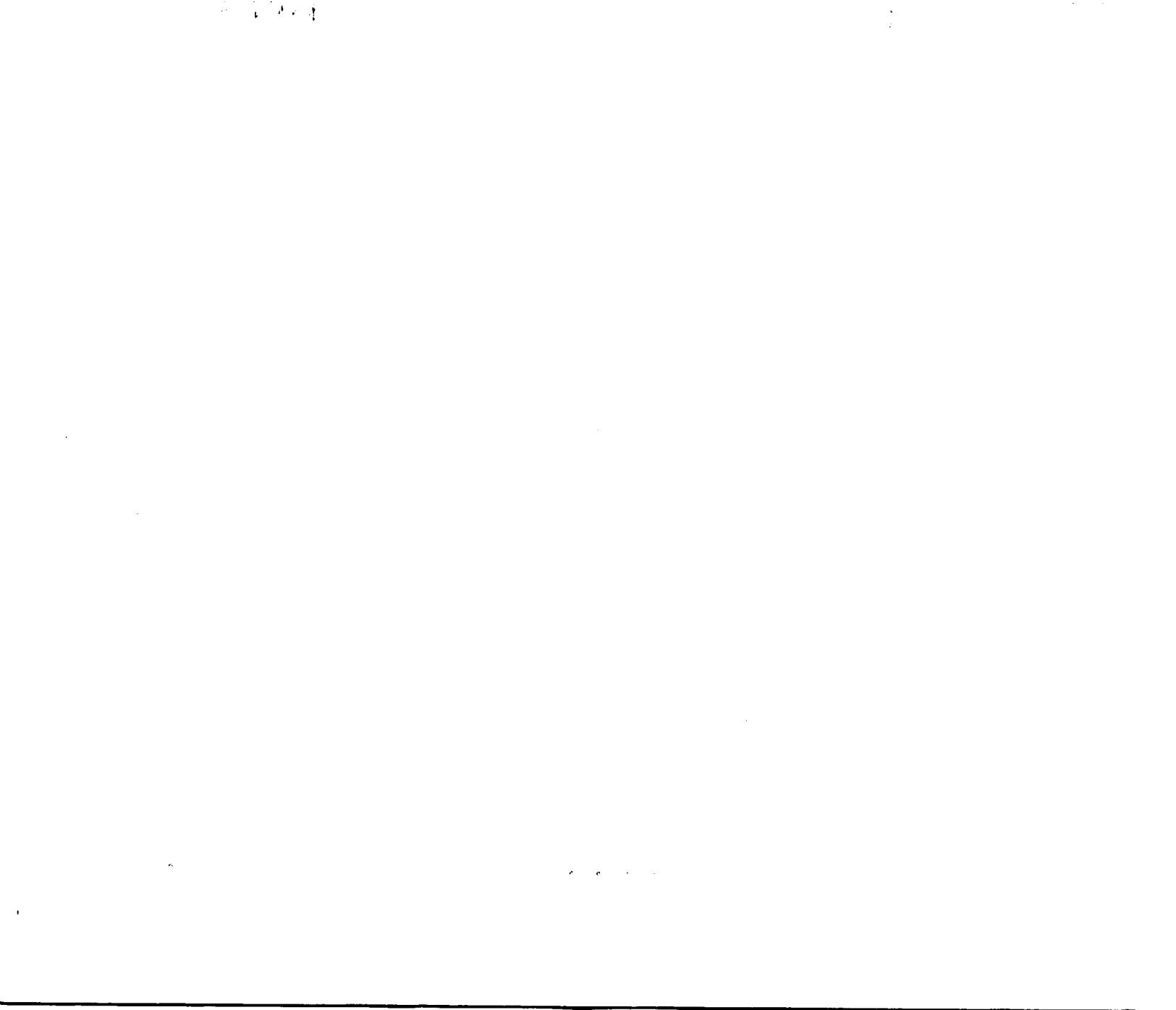
State of Idaho

State File No.

Local Reg. No. 17

Reg. Dist. No. 242

1. PLACE OF STILLBIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Craigmont	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Our Lady of Consolation		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) "Unnamed" Braucher			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 26 1954
7. FATHER'S NAME a. (First) JOHN WALTER BRAUCHER		b. (Middle) c. (Last)	
9. AGE (At time of this birth) 24 YEARS		10. BIRTHPLACE (State or foreign country) Eldorado, Colorado	
11a. USUAL OCCUPATION Saw mill worker		11b. KIND OF BUSINESS OR INDUSTRY Lumber Mill	
12. MOTHER'S MAIDEN NAME a. (First) PEGGY GENELLE RANDALL		b. (Middle) c. (Last)	
13. COLOR OR RACE white		14. AGE (At time of this birth) 19 YEARS	
15. BIRTHPLACE (State or foreign country) Winchester, Idaho.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? one	
17. INFORMANT John W. Braucher		b. How many children were born alive but are now dead? None	
18a. LENGTH OF PREGNANCY 28 WEEKS		18b. WEIGHT AT BIRTH 3 LBS. 8 OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan 54.		20a. FETAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Periodic Bleeding & loss of amniotic fluid		22. STATE ALL OPERATIONS FOR DELIVERY Singian forceps & epis. & Perineal suture	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:35 A.M.		23a. ATTENDANT'S SIGNATURE Carl D. Keller M.D.	
23b. DATE SIGNED 5-26-54		23c. ATTENDANT'S ADDRESS Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL C. E. Clowig		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) removal		25b. DATE May 26 1954	
25c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		25d. LOCATION (City, town, or county) (State) Craigmont, Idaho.	
DATE REC'D BY LOCAL REG. 6-7-54		26. FUNERAL DIRECTOR W. J. Oxe M.D. 4477	
26. ADDRESS Craigmont, Idaho.			



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MAY 26 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 192

Reg. Dist. No. 140

1. PLACE OF STILLBIRTH a. COUNTY Jerome				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Enroute to Hospital				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buhl			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 604 8th Avenue North			
3. CHILD'S NAME (Type or Print) Baby Boy Young DAVID OSCAR YOUNG							
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) May 9, 1954		
7. FATHER'S NAME Gordon O'Donnell Young		a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE White			
9. AGE (At time of this birth) 41 YEARS		10. BIRTHPLACE (State or foreign country) Vernal, Utah		11a. USUAL OCCUPATION Mechanic		11b. KIND OF BUSINESS OR INDUSTRY Station Attendant	
12. MOTHER'S MAIDEN NAME Esther LaRue Knudsen		a. (First) b. (Middle) c. (Last)		13. COLOR OR RACE White			
14. AGE (At time of this birth) 41 YEARS		15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <i>Donald O. Young</i>							
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 32.4					
		20b. MATERNAL CAUSES TOXEMIA, ALBUMINURIC					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR TOXEMIA, TERMINAL				22. STATE ALL OPERATIONS FOR DELIVERY NONE			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:20 a.m.		23a. ATTENDANT'S SIGNATURE <i>V. V. McElford M.D.</i>			23b. DATE SIGNED 5-19-54		
		23c. ATTENDANT'S ADDRESS Twin Falls, Idaho			24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Rale S. Christensen</i> TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE May 9, 1954		25c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery		25d. LOCATION (City, town, or county) (State) Buhl Idaho	
DATE REC'D BY LOCAL REG. May 10, 1954		REGISTRAR'S SIGNATURE <i>Sister M. Rose, oss</i>		26. FUNERAL DIRECTOR ADDRESS <i>Rale S. Christensen</i> Buhl, Idaho			

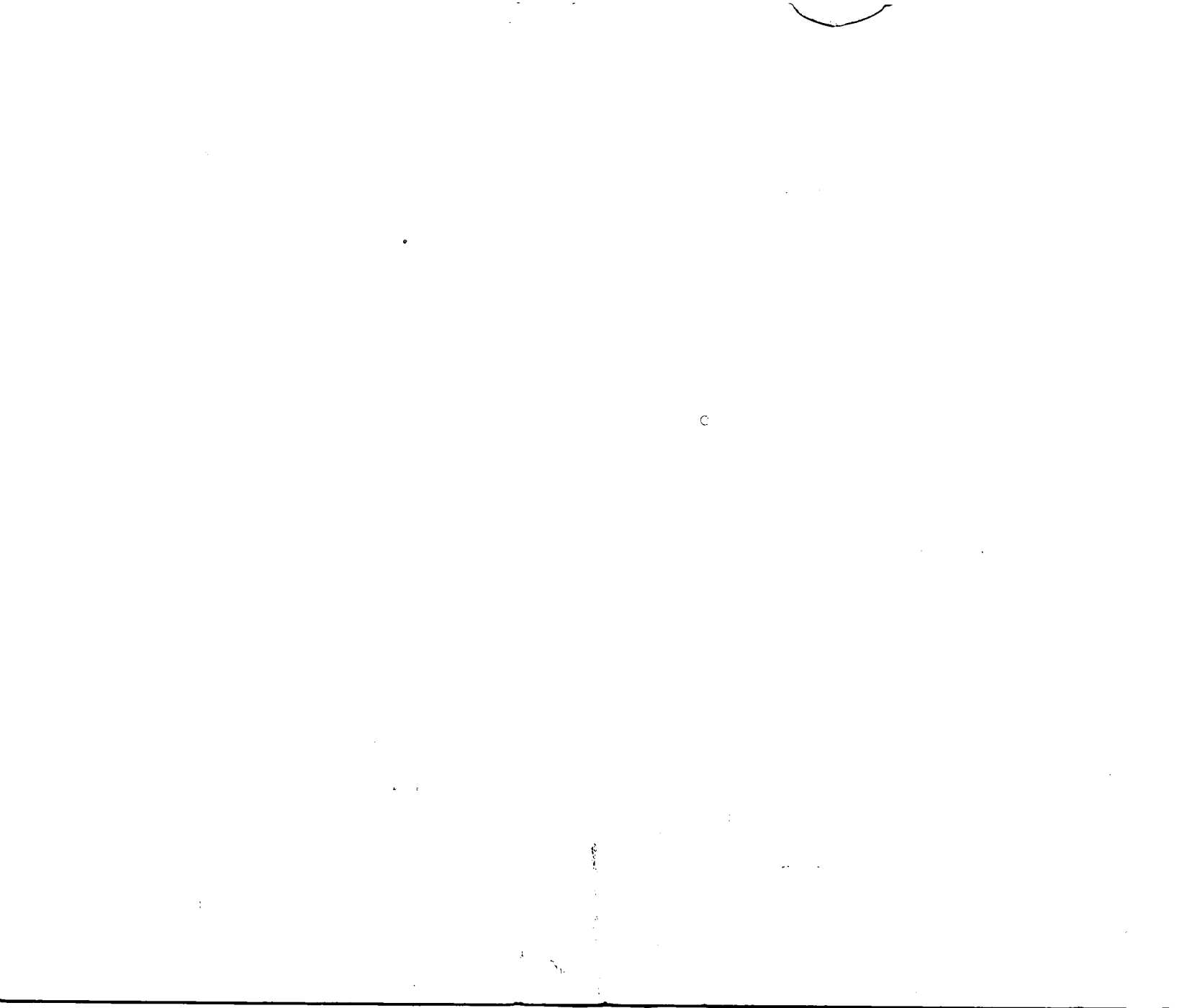
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STATE OF STILLBIRTH

JUN 12 1954 State of Idaho

State File No.

Local Reg. No. 2Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u> Division of Vital Statistics			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayden Lake</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rte. # 1</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Boy Magnus</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>2</u> <u>14</u> <u>54</u>		
7. FATHER'S NAME a. (First) <u>Earl</u> b. (Middle) <u>Martin</u> c. (Last) <u>Magnus</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Colorado</u>	11a. USUAL OCCUPATION <u>Rancher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Marcella</u> b. (Middle) <u>M</u> c. (Last) <u>Powell</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>			
17. INFORMANT <u>Earl Martin Magnus Rathdrum, Idaho</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> <u>36, 2</u> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity - (Premature Separation of Placenta)</u> 20b. MATERNAL CAUSES <u>Pre-eclampsia-toxemia of preg-</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature Separation of Placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Especially</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Earl Fox M.D.</u>		23b. DATE SIGNED <u>6/10/54</u>	
23c. ATTENDANT'S ADDRESS <u>Coeur d'Alene, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2-15-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>6-7-54</u>	REGISTRAR'S SIGNATURE <u>Lorraine K. Brush</u>	26. FUNERAL DIRECTOR <u>Liberty Gate</u> ADDRESS <u>Coeur d'Alene, Idaho</u>			



Dr. Fox

PHS-797 (VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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MAY 24 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

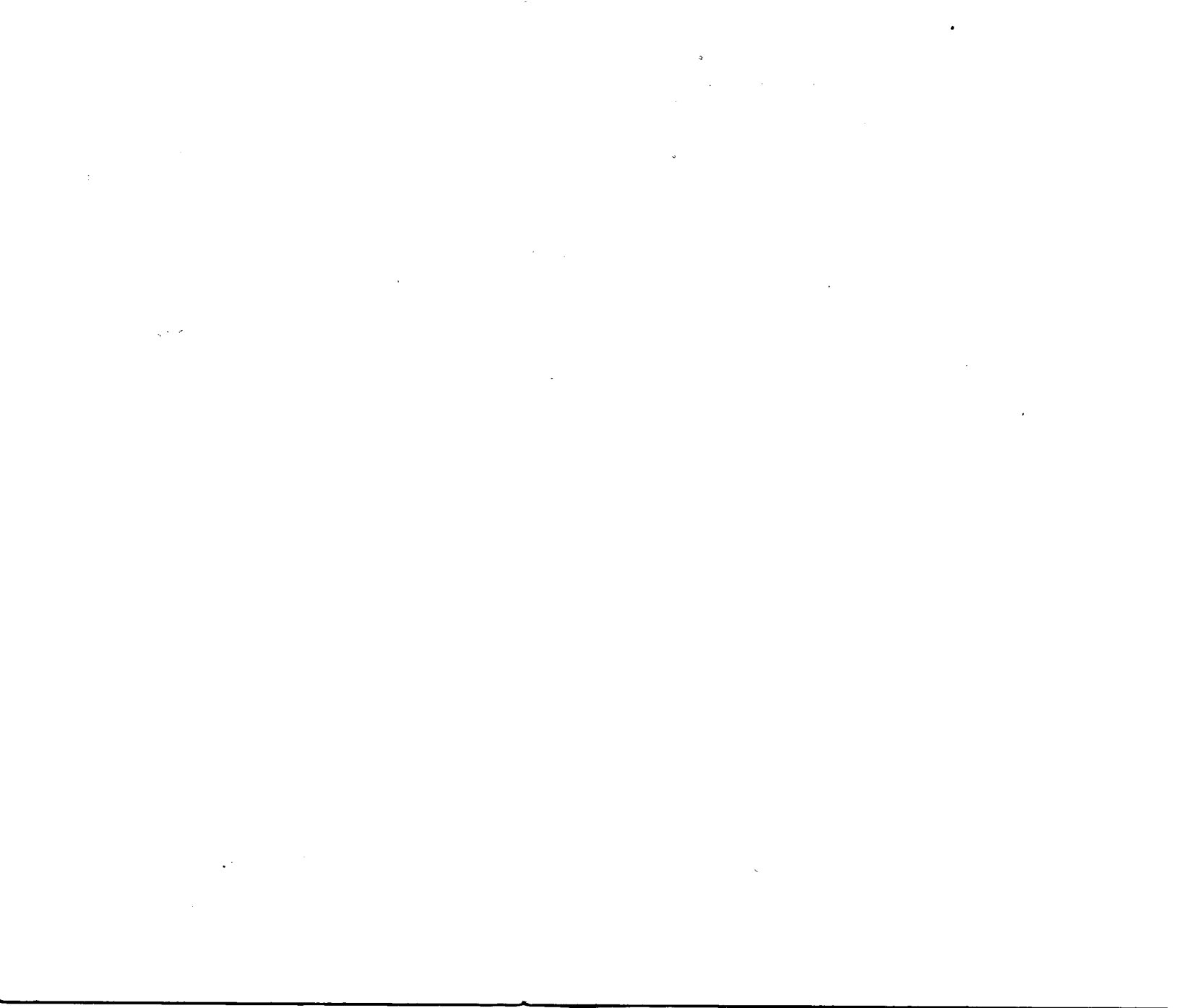
State File No.

Local Reg. No.

Reg. Dist. No. 120

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur D' Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur D' Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) Route # 2	
3. CHILD'S NAME (Type or Print) Keith Louis Jennings			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 13, 1954
7. FATHER'S NAME a. (First) Edward b. (Middle) L. c. (Last) Jennings		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Spokane, Washington	11a. USUAL OCCUPATION Druggist	11b. KIND OF BUSINESS OR INDUSTRY Own Business
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) E. c. (Last) Martin		13. COLOR OR RACE White	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Edward L. Jennings			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrops Fetalis 39.2 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) L. A. Jennings 23b. DATE SIGNED 5/18/54	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE May 14, 1954	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur D' Alene, Idaho
DATE REC'D BY LOCAL REG. 5-21-54		26. FUNERAL DIRECTOR Lorraine A. Brushdon English ADDRESS Coeur D' Alene	



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MAY 22 1954

Division of Vital Statistics State of Idaho

State File No.
Local Reg. No. 670
Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Lemhi</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steele Memorial Hosp.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lemhi</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Debra Ann Higley</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 11, 1954</u>
7. FATHER'S NAME a. (First) <u>Stephen</u> b. (Middle) <u>Henry</u> c. (Last) <u>Higley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Arvella</u> b. (Middle) c. (Last) <u>Hanson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Stephen H. Higley</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>1-20-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None</u>		
	20b. MATERNAL CAUSES <u>Premature separation of placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m. <u>Salmon Idaho</u>	23a. ATTENDANT'S SIGNATURE <u>B. Johnson</u>		23b. DATE SIGNED <u>5-11-54</u>
	23b. ATTENDANT'S ADDRESS <u>Salmon Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Kenneth Klingler</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>5-12-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Salmon</u>	25d. LOCATION (City, town, or county) (State) <u>Salmon, Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-19-54</u>	REGISTRAR'S SIGNATURE <u>Viola E Johnson</u>	26. FUNERAL DIRECTOR <u>Kenneth Klingler</u>	ADDRESS <u>Salmon, Idaho</u>

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CERTIFICATE OF STILLBIRTH

(1949 Revision of Standard Certificate)

MAY 26 1954

State of Idaho

State File No.

Local Reg. No. 387Reg. Dist. No. 460

1. PLACE OF STILLBIRTH of Vital Statistics a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memo. Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Infant Girl Walker			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) May 13, 1954
7. FATHER'S NAME a. (First) Thomas b. (Middle) G. c. (Last) Walker		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Hailey, Idaho	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Beer
12. MOTHER'S MAIDEN NAME a. (First) Rose b. (Middle) Astorquia c. (Last)		13. COLOR OR RACE Basque	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Shoshone, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT T. J. Walker			
18a. LENGTH OF PREG-NANCY 34 WEEKS	18b. WEIGHT AT BIRTH Malesia 10 lbs. 0 oz.	19. Was a standard serological test for syphilis performed? Yes. No. Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unborn (either dead 5 to 6 weeks prior to delivery)	
		20b. MATERNAL CAUSES Excessive pregnancy 32, 14	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Excessive pregnancy		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:24 m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature]	
23b. DATE SIGNED 5-14-54		23c. ATTENDANT'S ADDRESS [Address]	
23d. IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal		25b. DATE May 14, 1954	
25c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery		25d. LOCATION (City, town, or county) (State) Hailey, Idaho	
DATE REC'D BY LOCAL REG. May 17, 1954		26. FUNERAL DIRECTOR [Signature]	
REGISTRAR'S SIGNATURE [Signature]		ADDRESS Twin Falls, Idaho	

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(1949 Revision of Standard Certificate)

MAY 24 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 38Local Reg. No. 8Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Washington	a. STATE	Oregon
b. CITY (If outside corporate limits, write RURAL and give township)	Weiser,	b. COUNTY	Baker
c. FULL NAME OF HOSPITAL OR INSTITUTION	Weiser Memorial	c. CITY (If outside corporate limits, write RURAL and give township)	Richland
		d. STREET ADDRESS	Rt. # 1

3. CHILD'S NAME (Type or Print) **INFANT BOY CHAMBERLIN**

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
	SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	May 10, 1954

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Levi	Dale	Chamberlin	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Richland, Oregon	Farming	Farming

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Edna	Louise	Cramer	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
28 YEARS	Weiser, Idaho	a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT Levi Dale Chamberlin

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
32 WEEKS	1 LBS. 2 OZS.	Approximate date <u>26 Apr. 1954</u>

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Placental malformation36.6

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Clampsia - severe

22. STATE ALL OPERATIONS FOR DELIVERY

NoneI hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:40 P.M.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

removal

25b. DATE

5-10-54

25c. NAME OF CEMETERY OR CREMATORY

Eagle Valley

25d. LOCATION (City, town, or county)

Richland, Oregon

(State)

DATE REC'D BY LOCAL REG.

5-10-54

REGISTRAR'S SIGNATURE

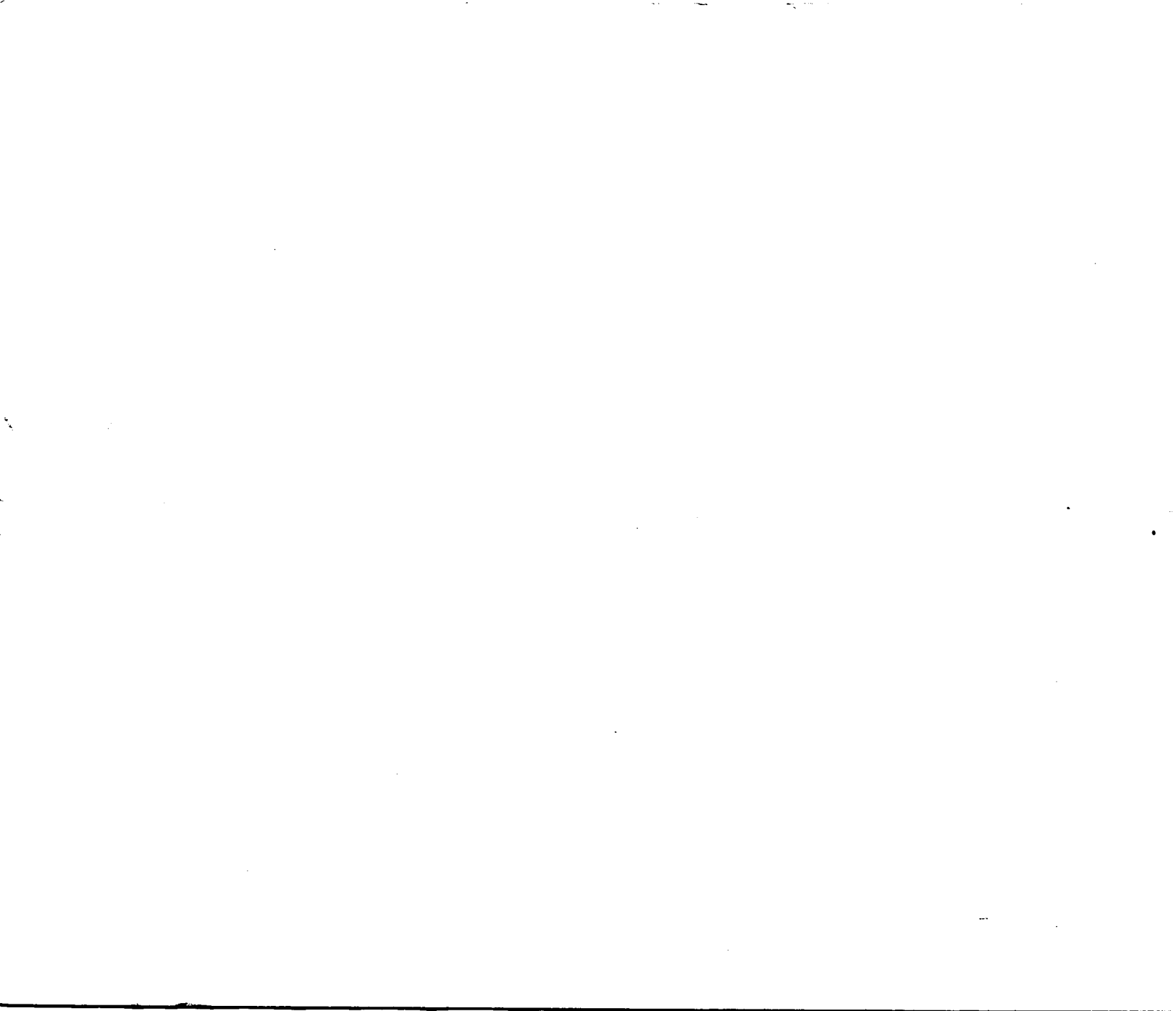
Maria Hawthorn

26. FUNERAL DIRECTOR

Salace Thompson

ADDRESS

Weiser, Idaho



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(1949 Revision of Standard Certificate)

JUN 11 1954

Division of Vital Statistics

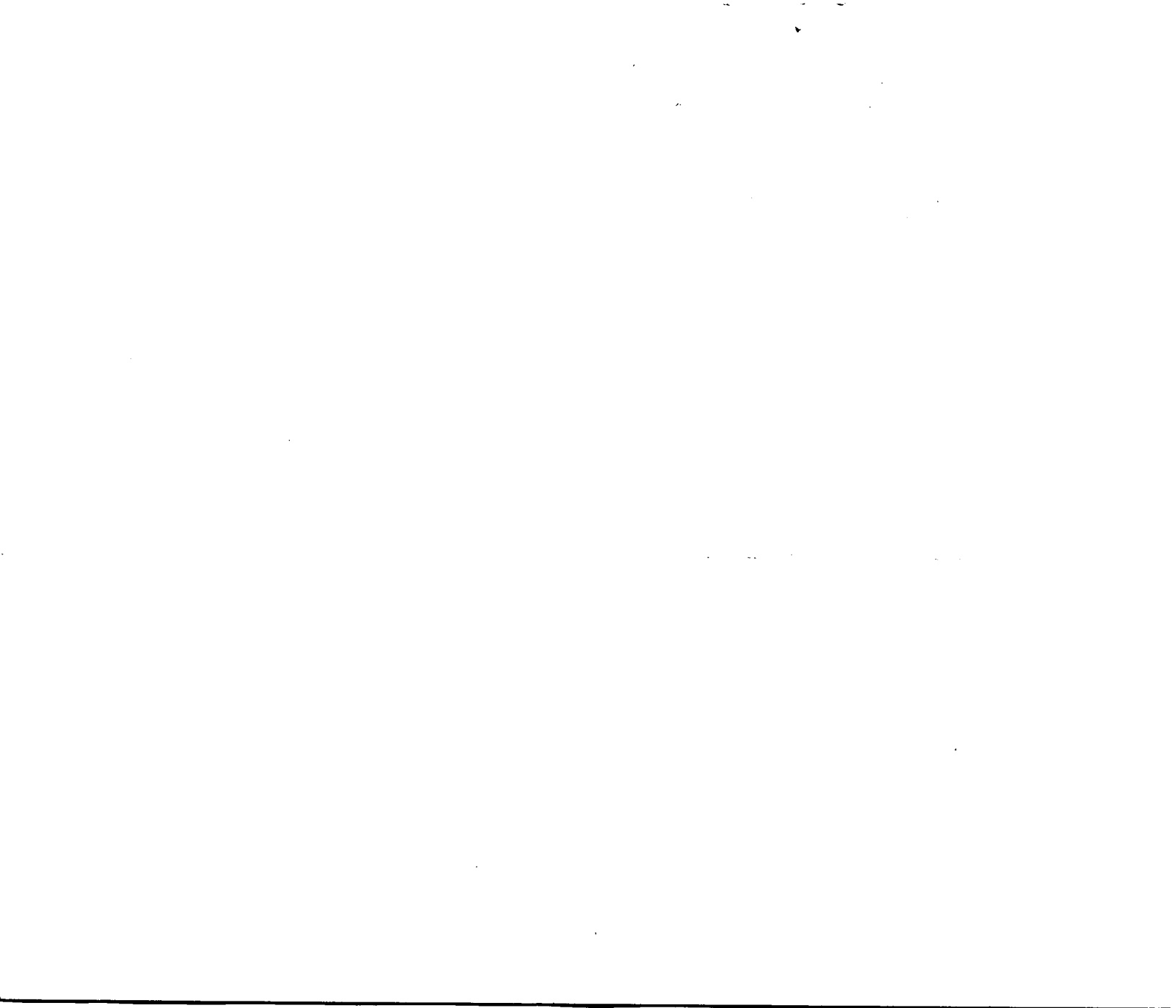
State of Idaho

State File No.

Local Reg. No. 222

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise</u>		c. CITY OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Luke's Hosp. * Nurses Training School</u>		d. STREET ADDRESS (If rural, give location) <u>3403 Brown St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Wheeler</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 7 1954</u>
7. FATHER'S NAME a. (First) <u>Joe</u> b. (Middle) <u>J</u> c. (Last) <u>Wheeler</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Iowa</u>	11a. USUAL OCCUPATION <u>laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ira</u> b. (Middle) <u>Marie</u> c. (Last) <u>Eentley</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Michigan</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Ira Wheeler, mother</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cord around neck & knot producing blocked circulation</u>		20a. FETAL CAUSES <u>36.0</u>	
20b. MATERNAL CAUSES <u>none</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Epilepsy</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify H.M.D., midwife, or other) <u>Carl Dousty MD</u>	
23b. DATE SIGNED <u>6/8/54</u>		23c. ATTENDANT'S ADDRESS <u>Menden</u>	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John C. McCarter, M.D.</u>	
25. TITLE			
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Interment</u>	25b. DATE <u>6-8-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>6-8-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>John C. McCarter, M.D.</u>	



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JUN 15 1954

CERTIFICATE OF STILLBIRTH

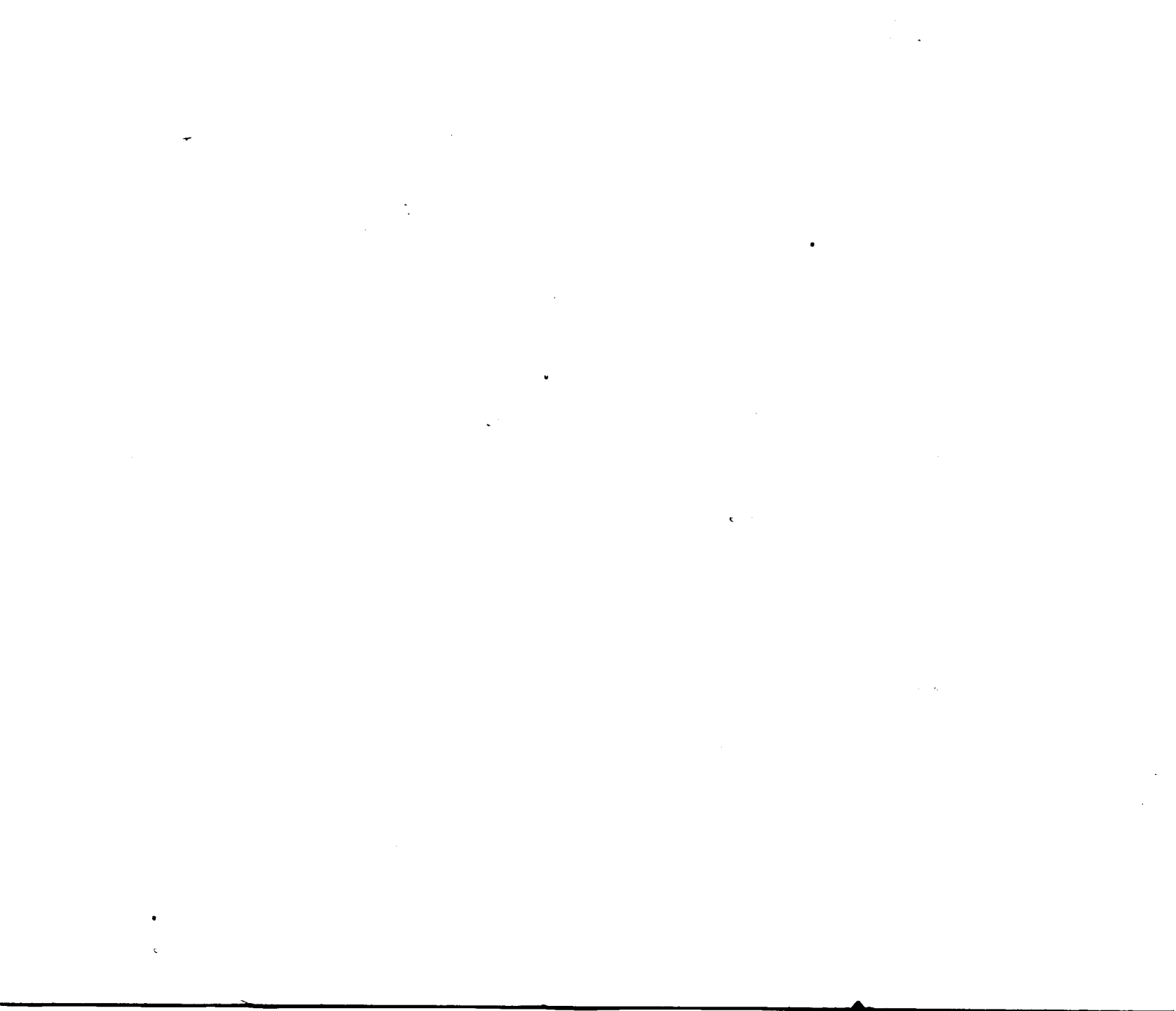
State of Idaho

State File No. 000

Local Reg. No. 228

Reg. Dist. No. 378

1. PLACE OF STILLBIRTH a. COUNTY Ada			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Idaho) Boise			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes			d. STREET ADDRESS (If rural, give location) 1716 Michigan		
3. CHILD'S NAME (Type or Print) Baby Boy Pecora					
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 6 10 54		
7. FATHER'S NAME a. (First) Stuart		b. (Middle) G.	c. (Last) Pecora		8. COLOR OR RACE white
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Georgetown, Idaho	11a. USUAL OCCUPATION Mgr. Body Repair Shop		11b. KIND OF BUSINESS OR INDUSTRY Automotive	
12. MOTHER'S MAIDEN NAME a. (First) Delores		b. (Middle) Isabelle	c. (Last) Mace		13. COLOR OR RACE white
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Eagle, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? one			
17. INFORMANT Stuart G. Pecora					
18a. LENGTH OF PREG-NANCY 6-10 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cause unknown 39.6			
20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:20 a.m.		23a. ATTENDANT'S SIGNATURE Hewart M. Mace (Specify if M. D., midwife, or other) M.D.		23b. DATE SIGNED 6/11/54	
23c. ATTENDANT'S ADDRESS Boise, Ida		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Myrtle Palmer TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6/12/54	25c. NAME OF CEMETERY OR CREMATORY St Lukes Hospital	25d. LOCATION (City, town, or county) (State) Boise Idaho		
DATE REC'D BY LOCAL REG. 6-14-54	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR RELYEA MORTUARY		ADDRESS 318 N. Iatah Boise, Idaho	



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CERTIFICATE OF STILLBIRTH

Division of Vital Statistics of Idaho

State File No. 247
Local Reg. No. 370
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>217 East Bannock.</u>		
3. CHILD'S NAME ((Type or Print)) <u>Infant boy O'Bryan</u>					
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (The child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>6 21 54</u>		
7. FATHER'S NAME a. (First) <u>Creston</u>		b. (Middle) <u>Maurice</u>	c. (Last) <u>O'Bryan</u>	8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho.</u>	11a. USUAL OCCUPATION <u>Bar Tender</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Campbell Hotel</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Gerardine</u>		b. (Middle) <u>Mary</u>	c. (Last) <u>O'Bryan</u>	13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Canada.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>none.</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>			
17. INFORMANT <u>Matthew (Mrs. Geraldine O'Bryan)</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. <u>11</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES <u>Premature rupt. of memb.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Verna J. J. J. J.</u>		23b. DATE SIGNED <u>6-23-54</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>7</u>	TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>6-24-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	25d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>6-24-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Walter B. Rose, Administrator St. Luke's Hospital</u>			

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

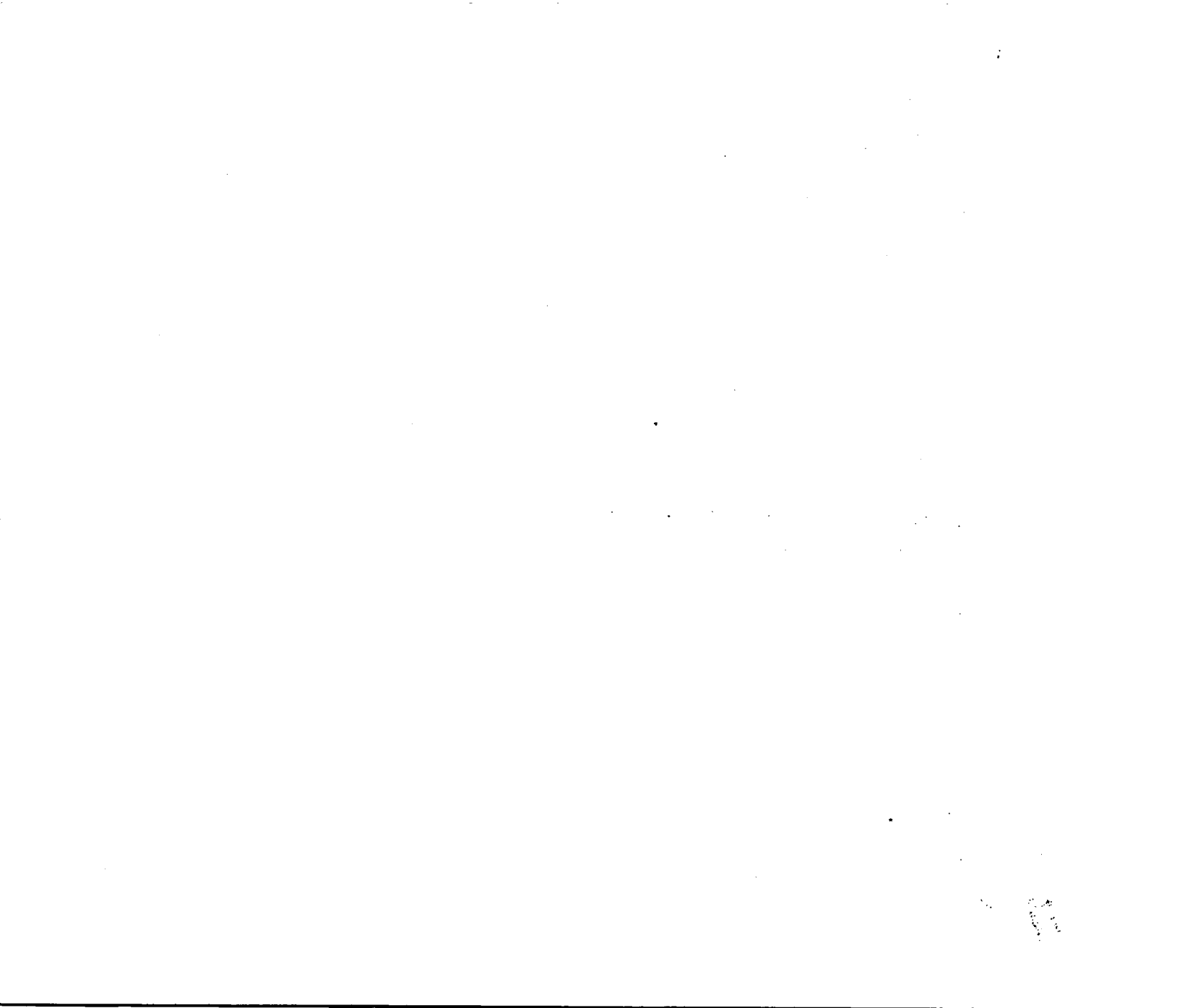
JUL 20 1954

State of Idaho

State File No.

Local Reg. No. 168Reg. Dist. No. 511

1. PLACE OF STILLBIRTH (Division of Vital Statistics)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Bannock</u>		a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2, North</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY BATTERTON</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 9, 1954</u>
7. FATHER'S NAME a. (First) <u>Floyd</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Batterton</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>King City, Mo.</u>	11a. USUAL OCCUPATION <u>Plant worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Cream Top Dairy</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Jenson</u> c. (Last) <u>Jenson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Dorothy Batterton</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>39.6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>x</u> No <u> </u> Approximate date <u>Feb. 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None apparent.</u>	
		20b. MATERNAL CAUSES <u>None apparent.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:04 P.</u> m.		23a. ATTENDANT'S SIGNATURE <u>H. L. Olsen, M.D.</u>	
		23b. DATE SIGNED <u>6-18-54</u>	
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Conway Grant, Pocatello</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>June 17, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Idaho Falls Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>JUL 19 1954</u>		26. FUNERAL DIRECTOR <u>Conway Grant, Pocatello</u>	



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JUN 23 1954
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 226
Local Reg. No. 552
Reg. Dist. No. 552

Division of Vital Statistics			
1. PLACE OF STILLBIRTH a. COUNTY <i>Bear Lake</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Bear Lake</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Bear Lake Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>624 Adams</i>	
3. CHILD'S NAME (Type or Print) <i>Baby Luning</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>May 20 1954</i>
7. FATHER'S NAME a. (First) <i>Harold</i> b. (Middle) <i>J.</i> c. (Last) <i>Luning</i>	8. COLOR OR RACE <i>white</i>		
9. AGE (At time of this birth) <i>28</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Montpelier Idaho</i>	11a. USUAL OCCUPATION <i>Child Luning implement Co.</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Norma</i> b. (Middle) <i>Child</i> c. (Last) <i>Luning</i>	13. COLOR OR RACE <i>white</i>		
14. AGE (At time of this birth) <i>28</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Montpelier Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Harold J. Child</i>			
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Erythroblastosis fetalis</i>		<i>39.2</i>
	20b. MATERNAL CAUSES <i>Rh incompatibility</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>4:50</i> m.	23a. ATTENDANT'S SIGNATURE <i>R. D. Burgoyne MD.</i>		23b. DATE SIGNED <i>6/8/54</i>
	23c. ATTENDANT'S ADDRESS <i>Montpelier Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. Matthews</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	25b. DATE <i>May 22 1954</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Montpelier cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Montpelier Idaho</i>
DATE REC'D BY LOCAL REG. <i>6/11/54</i>	REGISTRAR'S SIGNATURE <i>W. H. King</i>	26. FUNERAL DIRECTOR ADDRESS <i>W. H. Matthews Montpelier Idaho</i>	

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JUL 7 - 1954

(1949 Revision of Standard Certificate)

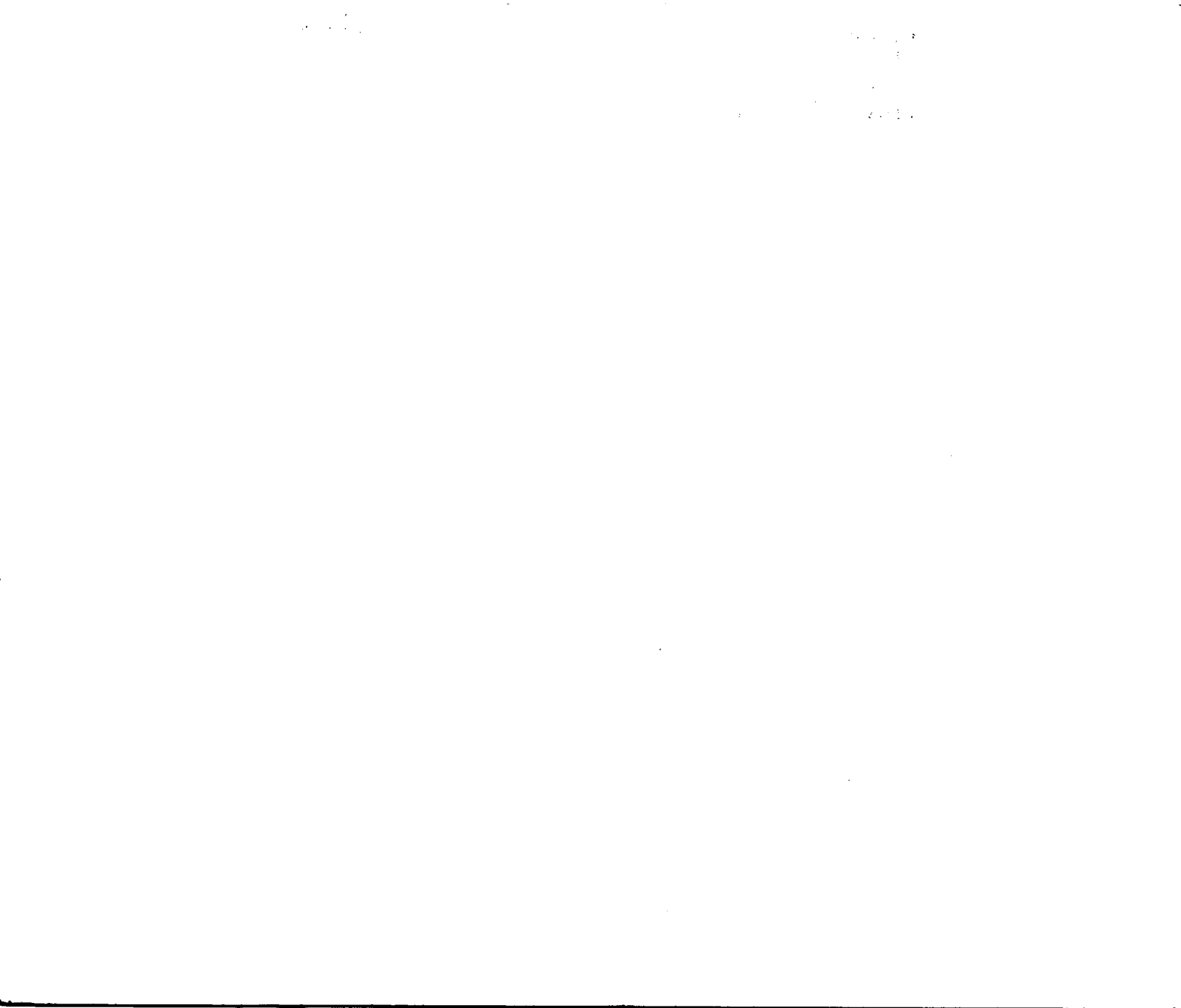
Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 268

Reg. Dist. No. 600

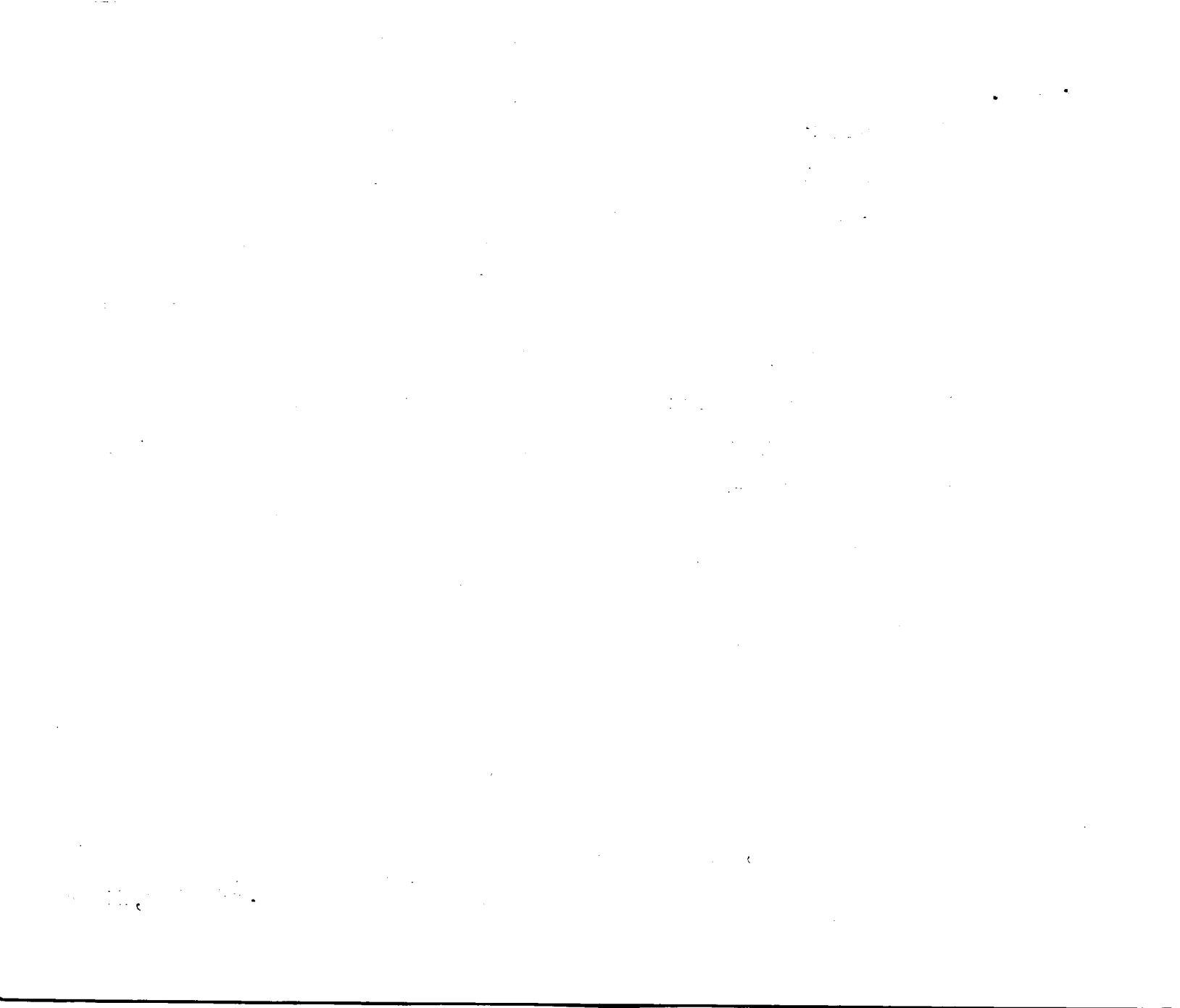
1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Blackfoot		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #3	
3. CHILD'S NAME (Type or Print) Not Named			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 26, 1954
7. FATHER'S NAME a. (First) Albert b. (Middle) LeRoy c. (Last) Saxton		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Twila b. (Middle) Joy c. (Last) Penrod		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Grace, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Albert L Saxton			
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date October	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature delivery 20b. MATERNAL CAUSES 39.5	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:45 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Curtis Packer M.D. 23b. DATE SIGNED June 30, 1954	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Allen Ortega TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE June 26th	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
DATE REC'D BY LOCAL REG. June 30, 1954		26. FUNERAL DIRECTOR (Acting) Allen Ortega ADDRESS Blackfoot	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 Division of Vital Statistics State of Idaho

State File No.
 Local Reg. No. 7
 Reg. Dist. No. 1.1.0

1. PLACE OF STILLBIRTH a. COUNTY Bonner b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bonner General Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sagle d. STREET ADDRESS (If rural, give location) Route #1	
3. CHILD'S NAME ((Type or Print)) SHEILA MAE LAWRENCE			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 7 1954
7. FATHER'S NAME a. (First) EDGAR b. (Middle) HENRY c. (Last) LAWRENCE		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) South Dakota	11a. USUAL OCCUPATION Hard rock miner	11b. KIND OF BUSINESS OR INDUSTRY Mining
12. MOTHER'S MAIDEN NAME a. (First) CHARLENE b. (Middle) MAE c. (Last) SHOOPMAN		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Edgar H Lawrence			
18a. LENGTH OF PREGNANCY 41 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 3/23/54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES UNKNOWN 20b. MATERNAL CAUSES UNKNOWN	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Obesity		22. STATE ALL OPERATIONS FOR DELIVERY Manual removal retained placenta.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William C Hayden M.D. 23c. ATTENDANT'S ADDRESS Sandpoint	
23b. DATE SIGNED 6/9/54		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Mon Funeral Home Sandpoint, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 11, 1954	25c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery	25d. LOCATION (City, town, or county) (State) Sandpoint Idaho
DATE REC'D BY LOCAL REG. June 11, 1954		REGISTRAR'S SIGNATURE Grace Peple	



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(1949 Revision of Standard Certificate)

JUL 12 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 99
Local Reg. No. 136
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> <u>UCON</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 58</u>	
3. CHILD'S NAME (Type or Print) <u>Roger Johnson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May</u> <u>31</u> <u>1954</u>
7. FATHER'S NAME a. (First) <u>Cleon</u> b. (Middle) <u>L.</u> c. (Last) <u>Johnson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Grocer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>LORNA</u> b. (Middle) <u>M.</u> c. (Last) <u>Johnson</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Johnson</u>			
18a. LENGTH OF PREGNANCY <u>2.5</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>February 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>32.3</u>	
		20b. MATERNAL CAUSES <u>Premature Delivery</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Eclampsia of Pregnancy</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Edson Lall. M.D.</u>	
23b. DATE SIGNED <u>6/29/54</u>		23c. ATTENDANT'S ADDRESS <u>Regby, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lloyd M. Halden</u>		TITLE <u>Shelley</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6-2-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>	25d. LOCATION (City, town, or county) (State) <u>Shelley, Bingham, Idaho</u>
DATE REC'D BY LOCAL REG <u>July 2, 1954</u>		26. FUNERAL DIRECTOR <u>Lloyd M. Halden</u>	



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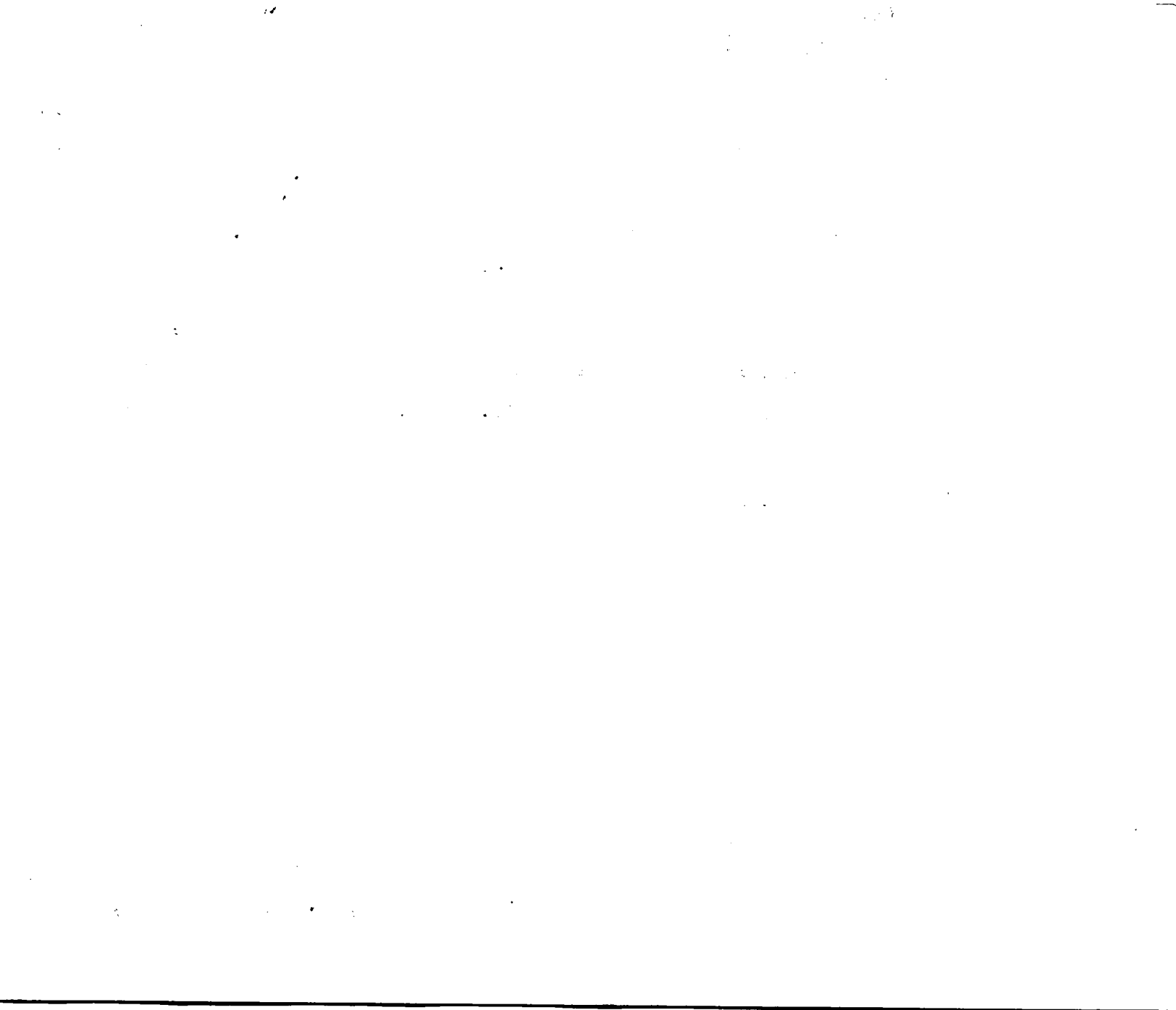
JUN 28 1954

(1949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 130090
Local Reg. No. 130090
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls d. STREET ADDRESS (If rural, give location) 1353 June Ave.	
3. CHILD'S NAME ((Type or Print)) Pamela Harris			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 3, 1954
7. FATHER'S NAME a. (First) Quintin b. (Middle) Aldredge c. (Last) Harris		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTH PLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Off. Mangr.	11b. KIND OF BUSINESS OR INDUSTRY Farm Equipment
12. MOTHER'S MAIDEN NAME a. (First) Carma b. (Middle) Hansen c. (Last) Hansen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Quintin A. Harris</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 7 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>None evident</i>	
		20b. MATERNAL CAUSES <i>Placental infarct</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>[Signature]</i>	
		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/4/54	25c. NAME OF CEMETERY OR CREMATORY Grant-Central	25d. LOCATION (City, town, or county) (State) Grant, Idaho
DATE REC'D BY LOCAL REG. June 23-1954	REGISTRAR'S SIGNATURE <i>Anna Bridges</i>	26. FUNERAL HOME OR ADDRESS Jack A Wood, Jr. Idaho Falls, Idaho	



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(1949 Revision of Standard Certificate)

JUN 21 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

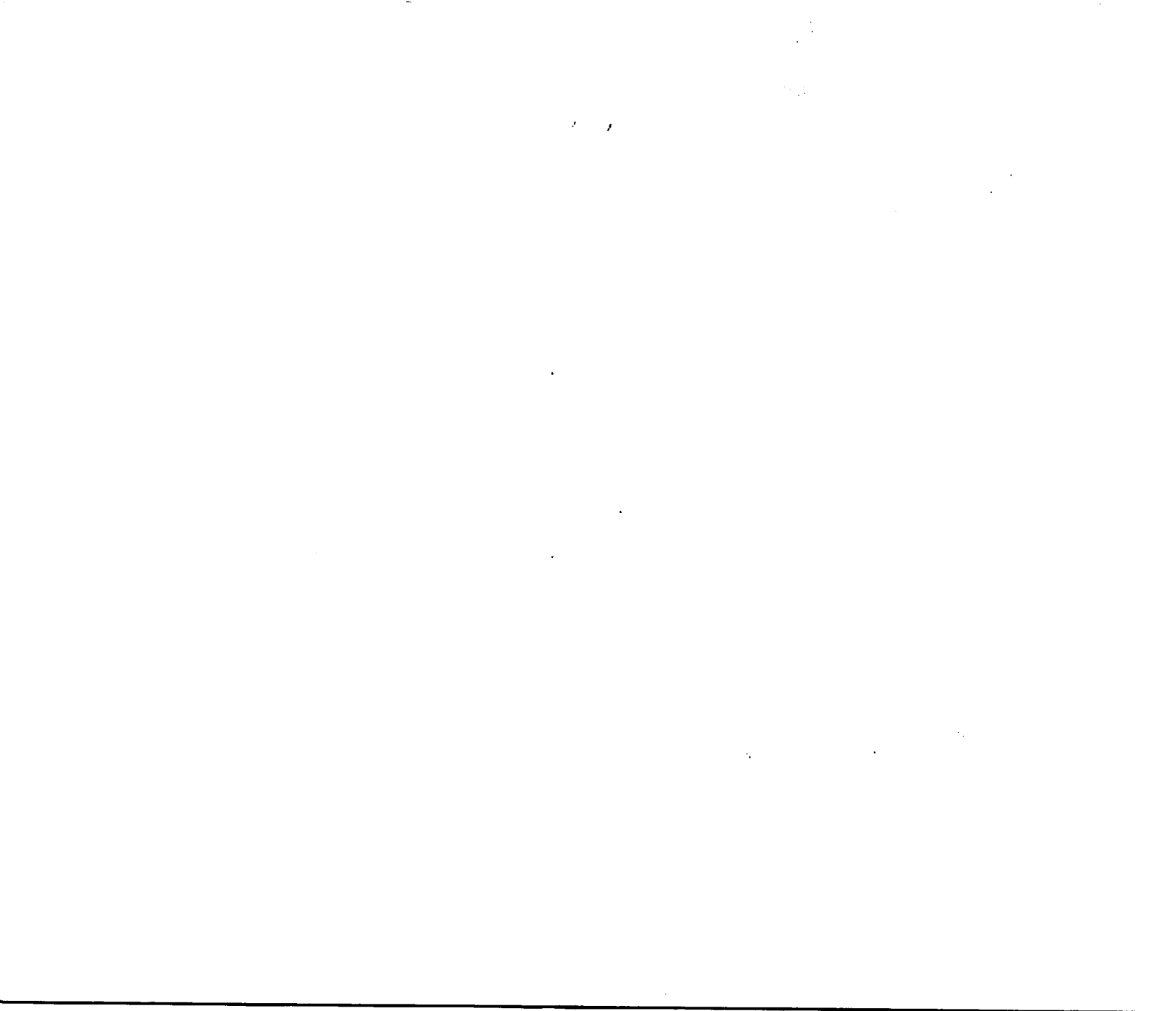
State of Idaho

State File No. 09

Local Reg. No. 22

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #1	
3. CHILD'S NAME (Type or Print) Del Carl Grosvenor			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 12 1954
7. FATHER'S NAME a. (First) Carl b. (Middle) N. c. (Last) Grosvenor		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Woodbine, Iowa	11a. USUAL OCCUPATION Line Driver	11b. KIND OF BUSINESS OR INDUSTRY Trucking
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) Mae c. (Last) Wilcox		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Hastings, Nebr.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs Carl Grosvenor Ida. Route #1 Caldwell			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 2 1/4 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hemorrhage into cord of unknown cause	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Epiiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John Stucke M.D.	
23b. DATE SIGNED 6/13/54		23c. ATTENDANT'S ADDRESS Caldwell	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Marville D. Davis	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 14, 1954	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 6/14/54		26. FUNERAL HOME OR ADDRESS Davis-Warlick Funeral Home Caldwell, Idaho	



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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 102

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nevada b. COUNTY Humboldt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McDermitt	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) Reservation	
3. CHILD'S NAME (Type or Print) Still born Baby Girl Lossing			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 18, 1954
7. FATHER'S NAME a. (First) Edgar b. (Middle) (NMI) c. (Last) Lossing		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) McDermitt, Nevada	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Rita b. (Middle) NMI c. (Last) Northrup		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) McDermitt, Nevada	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? ----- c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Indian Reservation McDermitt, Nevada			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 5 1/8 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. X Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placental Infarct.	
		20b. MATERNAL CAUSES none known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR No prenatal care		22. STATE ALL OPERATIONS FOR DELIVERY Left mediolateral episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:10 a.m.		23a. ATTENDANT'S SIGNATURE John F. Flecker MD	
23b. DATE SIGNED 6-19-		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 19, 1954	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 7/1/54		26. FUNERAL DIRECTOR Merrill D. Davis Davis-Warrick Funeral Home Caldwell, Idaho	

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1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 362

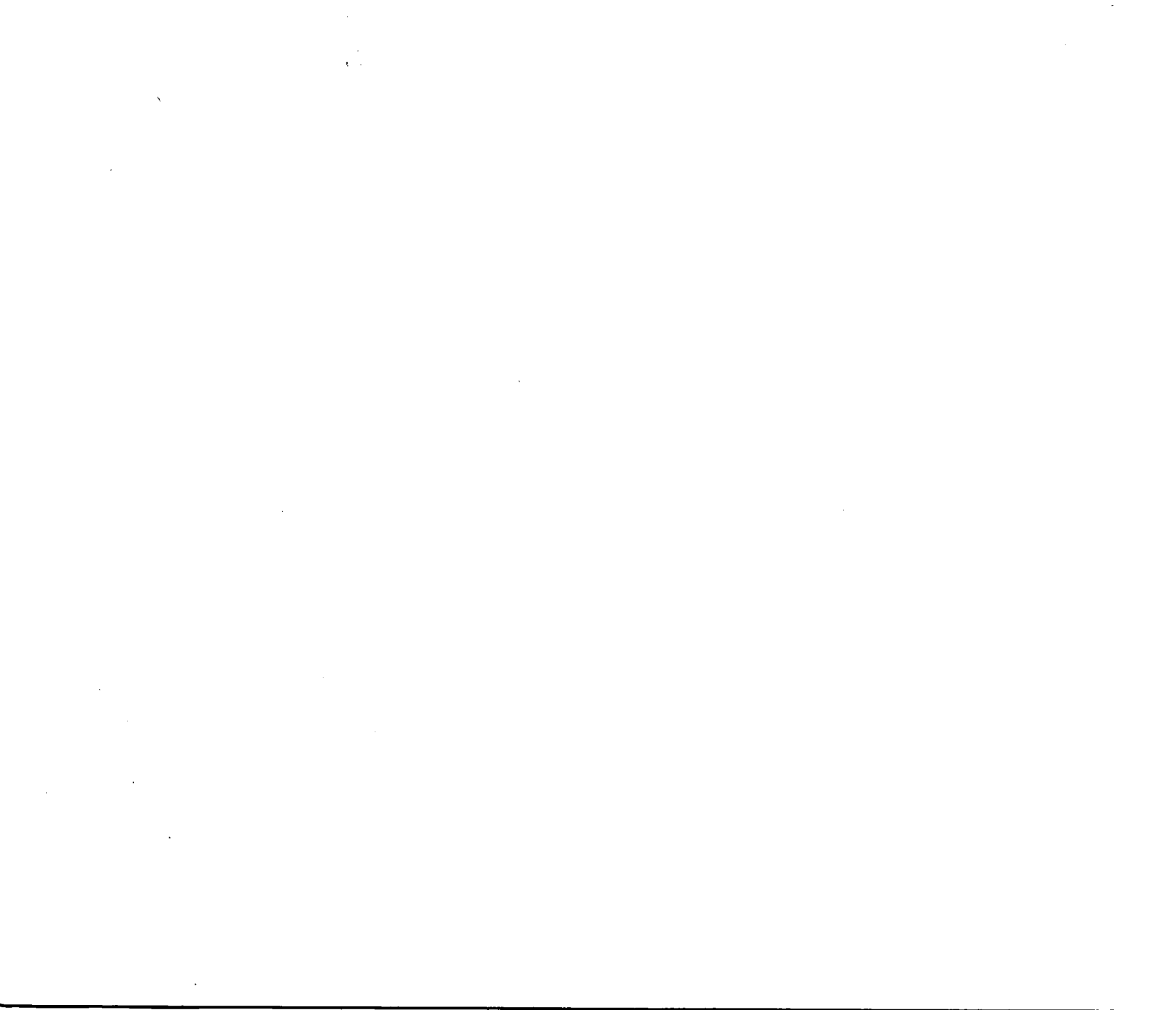
JUN 14 1954

1. PLACE OF STILLBIRTH (Section of Vital Statistics) a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) Route #6	
3. CHILD'S NAME (Type or Print) KATHY K. MANGUM			
4. SEX FEM	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 4, 1954
7. FATHER'S NAME a. (First) DUARD b. (Middle) D. c. (Last) MANGUM		8. COLOR OR RACE white	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Cannonville, Utah	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) CONNIE b. (Middle) J. c. (Last) MORRIS		13. COLOR OR RACE white	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Jerome, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Edward D. Mangum</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>abruptio Placentae</i>	
		20b. MATERNAL CAUSES <i>Hemophilia</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>R. L. Edwards MD</i>	
		23b. DATE SIGNED 6-5-54	
23c. ATTENDANT'S ADDRESS <i>Idaho</i>		IF NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Lewis Edmunds</i>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 6/6/54	25c. NAME OF CEMETERY OR CREMATORY Jerome, Idaho	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. June 11, 1954	REGISTRAR'S SIGNATURE <i>W. J. ...</i>	26. FUNERAL DIRECTOR <i>Lewis Edmunds</i> LEWIS EDMUNDS MORTUARY	

RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
JUL 1 1954
State of Idaho

State File No. 2
Local Reg. No. 520-521
Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH a. COUNTY Caribou		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Caribou	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soda Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soda Springs	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caribou County Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Lori Bennion			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 4, 1954
7. FATHER'S NAME a. (First) Keith b. (Middle) H. c. (Last) Bennion		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Murray, Utah	11a. USUAL OCCUPATION Phosphorous handler	11b. KIND OF BUSINESS OR INDUSTRY Chemical Company
12. MOTHER'S MAIDEN NAME a. (First) Joyce b. (Middle) c. (Last) Johnston		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Ogden, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT Joyce Bennion			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 30 Oct 53	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Undetermined 20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Russell J. [Signature] 23c. ATTENDANT'S ADDRESS Soda Springs, Idaho	
23b. DATE SIGNED 28 June 54		24. SIGNATURE OF AUTHORIZED OFFICIAL Allen - Hall Mortuary TITLE Shadow [Signature]	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE JUNE 5, 1954	25c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	25d. LOCATION (City, town, or county) (State) Soda Springs, Idaho
DATE REC'D BY LOCAL REG. 6-29-54	REGISTRAR'S SIGNATURE Betty Mae Sexton	26. FUNERAL DIRECTOR Allen - Hall Mortuary ADDRESS Soda Springs, Ida.	



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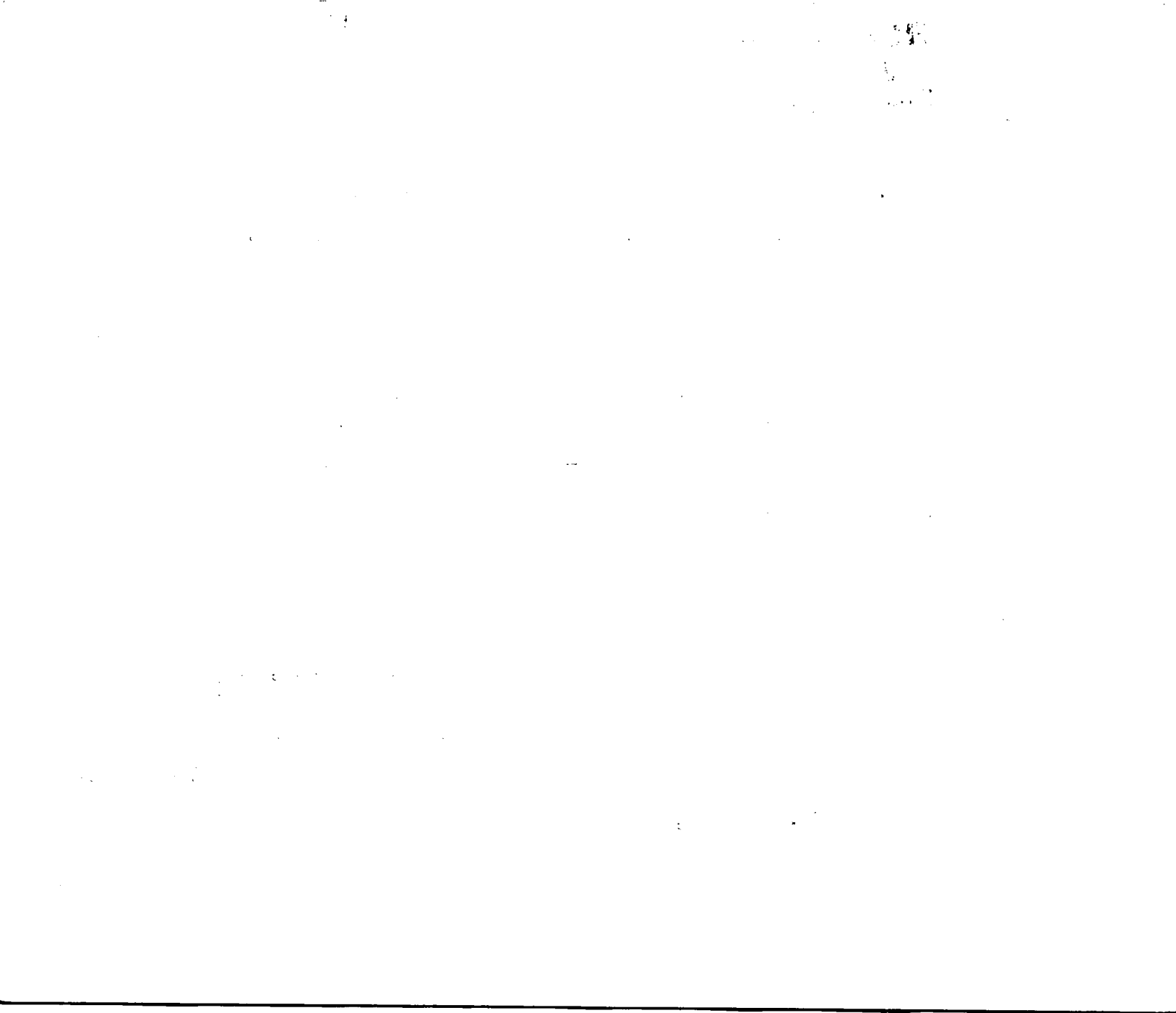
JUN 22 1954

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 21Reg. Dist. No. 384

1. PLACE OF STILLBIRTH a. COUNTY ELMORE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MT. HOME AFB		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION USAF HOSP, MT HOME AFB, IDAHO		d. STREET ADDRESS (If rural, give location) MT HOME AUTO COURT # 5	
3. CHILD'S NAME (Type or Print) HAM			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) JUN 6 1954
7. FATHER'S NAME a. (First) GENE b. (Middle) ARLING c. (Last) HAM		8. COLOR OR RACE CAUCASIAN	
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) UTAH, BINGHAM CANYON	11a. USUAL OCCUPATION USAF (AIRMAN)	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) BETH b. (Middle) - c. (Last) HEAPS		13. COLOR OR RACE CAUCASIAN	
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) UTAH, WEST JORDAN	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? ONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT <i>Gene A. Ham</i> (FATHER)			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES PREMATURITY	
		20b. MATERNAL CAUSES PREMATURE SEPARATION OF PLACENTA, AND BREECH PRESENTATION WITH DIFFICULTY IN DELIVERING AFTER COMING HEAD	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY HIGH BREECH EXTRACTION	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Richard L. Hertzfeld MD</i> (Specify if M.D., midwife or other) 23c. ATTENDANT'S ADDRESS MT. HOME AFB, IDAHO	
		23b. DATE SIGNED 7 June 1954	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Donald D. McMill</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE June 16, 1954	25c. NAME OF CEMETERY OR CREMATORY South Jordan	25d. LOCATION (City, town, or county) (State) South Jordan, Utah
DATE REC'D BY LOCAL REG. <i>June 14, 1954 - A. J. Anderson</i>		26. FUNERAL DIRECTOR Bey Mortuary - Mountain Home, Idaho	



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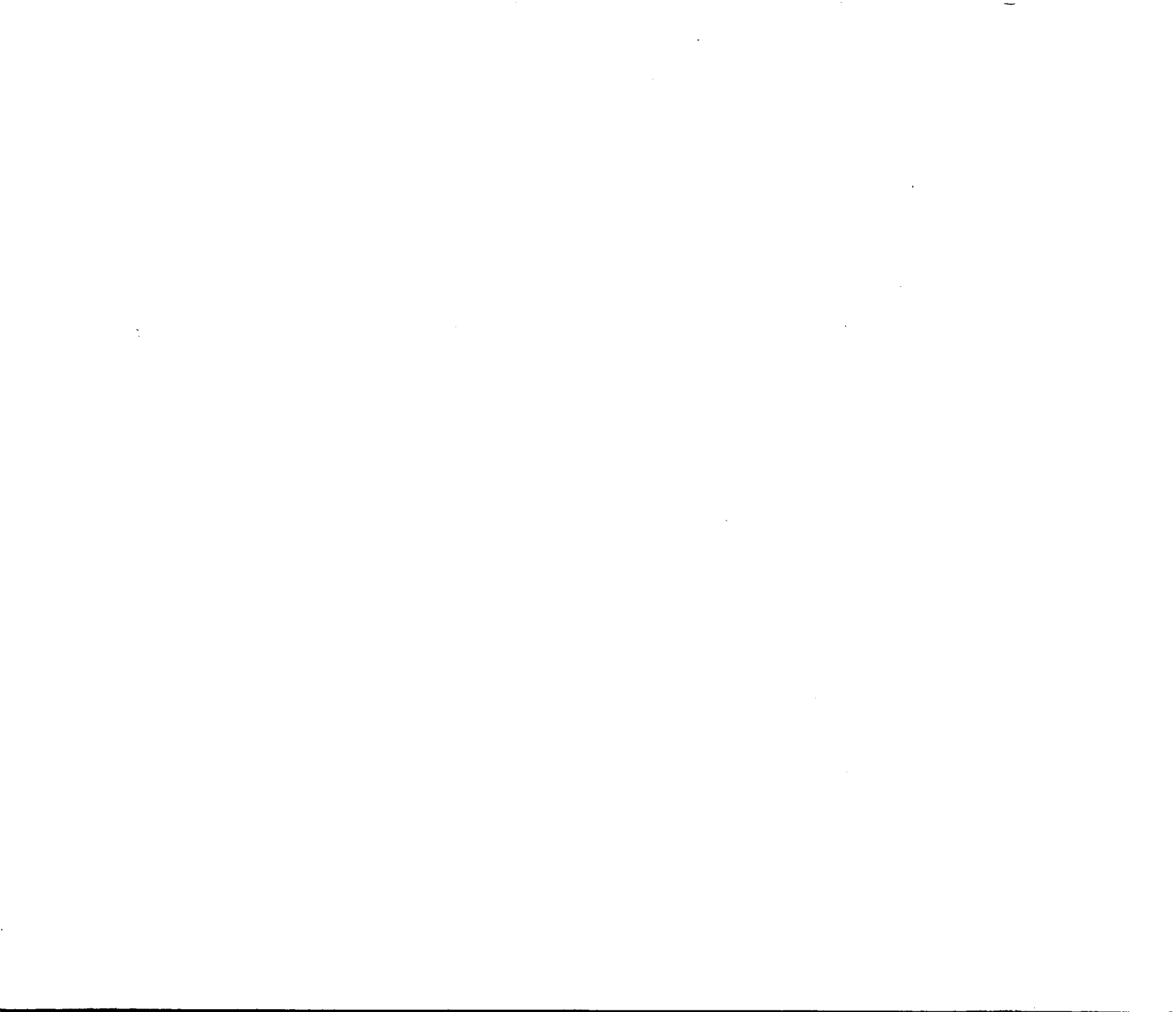
JUN 30 1954
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 26Reg. Dist. No. 540

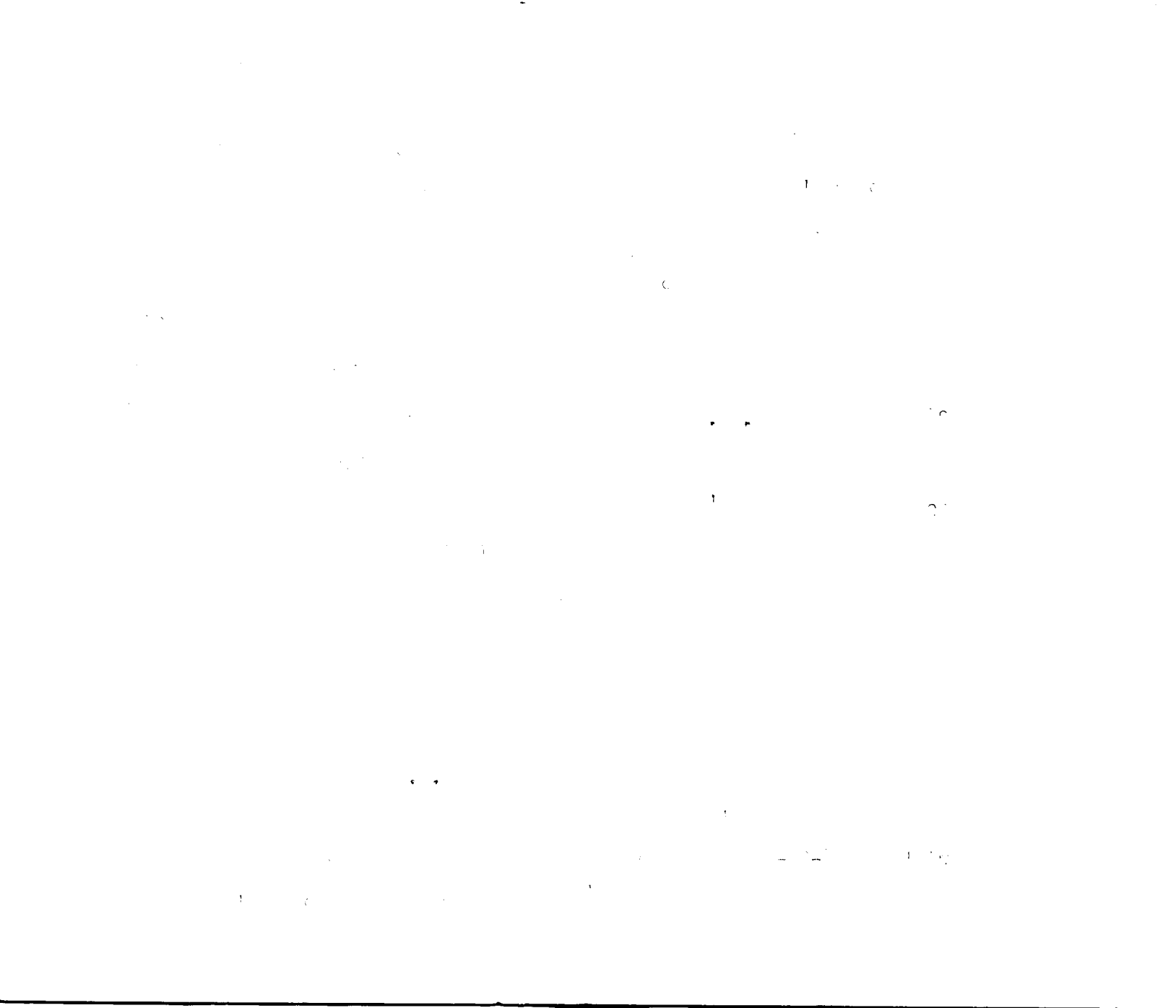
1. PLACE OF STILLBIRTH a. COUNTY Franklin		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Preston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mink Creek	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Memorial		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Ransom			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 10, 1954
7. FATHER'S NAME a. (First) Vilarr b. (Middle) c. (Last) Ransom		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Preston	11a. USUAL OCCUPATION Teaching	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Olene b. (Middle) c. (Last) Bown		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Provo, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Vilarr Ransom			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date November 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Erythroblastosis foetalis proved at autopsy. 20b. MATERNAL CAUSES None.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Perinistomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:05 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harold G. Daines, M.D.	
23b. DATE SIGNED 5-11-54		24. SIGNATURE OF AUTHORIZED OFFICIAL Harold G. Daines, M.D.	
23c. ATTENDANT'S ADDRESS Preston, Idaho		24. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Buried	25b. DATE May 11, 1954	25c. NAME OF CEMETERY OR CREMATORY Preston	25d. LOCATION (City, town, or county) (State) Preston, Idaho
DATE REC'D BY LOCAL REG. 5-11-54	REGISTRAR'S SIGNATURE Eggie M. Brown	26. FUNERAL DIRECTOR Harold Webb ADDRESS Preston, Idaho	



RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 3
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai JULI 1954 Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Hurst	
c. FULL NAME OF HOSPITAL OR INSTITUTION Lake City Gen		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Infant baby boy Kitchen			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 6 26 54
7. FATHER'S NAME a. (First) Elmer b. (Middle) c. (Last) Kitchen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) S. D.	11a. USUAL OCCUPATION Miner	11b. KIND OF BUSINESS OR INDUSTRY Kellogg Mines
12. MOTHER'S MAIDEN NAME a. (First) Evelyn b. (Middle) c. (Last) Ledford		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Coeur d'Alene Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 7 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?	
17. INFORMANT			
18a. LENGTH OF PREGNANCY TERM WEEKS	18b. WEIGHT AT BIRTH 10 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date DEC. 15, 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES UNKNOWN 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE H. A. Novak, M.D. (Specify if M. D., midwife, or other) M.D. 23c. ATTENDANT'S ADDRESS Coeur d'Alene Idaho If NOT attended by physician	
23b. DATE SIGNED June 28, 1954		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	25b. DATE 6-27-54	25c. NAME OF CEMETERY OR CREMATORY Rose Lake	25d. LOCATION (City, town, or county) (State) Rose Lake Idaho
DATE REC'D BY LOCAL REG. 6-28-54		26. FUNERAL DIRECTOR Gilbert Yates ADDRESS Coeur d'Alene, Idaho	



RECEIVED
JUL 6 1954STATE OF STILLBIRTH
Division of Vital Statistics
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 530

1. PLACE OF STILLBIRTH a. COUNTY Oneida		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Oneida	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malad		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malad	
c. FULL NAME OF HOSPITAL OR INSTITUTION Oneida Hospital		d. STREET ADDRESS (If rural, give location) 188 North Main	

3. CHILD'S NAME
(Type or Print) **Baby Peterson (Stillborn)**

4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 14 1954
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7. FATHER'S NAME a. (First) Hyrum	b. (Middle)	c. (Last) Peterson Jr.	8. COLOR OR RACE White
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9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) Samaria Idaho	11a. USUAL OCCUPATION Electrician	11b. KIND OF BUSINESS OR INDUSTRY
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12. MOTHER'S MAIDEN NAME a. (First) Mary	b. (Middle) Adele	c. (Last) Evans	13. COLOR OR RACE White
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14. AGE (At time of this birth) 45 YEARS	15. BIRTHPLACE (State or foreign country) Malad Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
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17. INFORMANT Hyrum Peterson		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
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18a. LENGTH OF PREGNANCY 25 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date Baby dead when first sent
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES unknown	20b. MATERNAL CAUSES unknown
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR no	22. STATE ALL OPERATIONS FOR DELIVERY none
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE [Signature]	(Specify if M. D., midwife, or other) M.D.	23b. DATE SIGNED 6-16-54
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23c. ATTENDANT'S ADDRESS Malad	IF NOT attended by physician <input checked="" type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]	TITLE
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25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE June 14 54	25c. NAME OF CEMETERY OR CREMATORY Malad City	25d. LOCATION (City, town, or county) (State) Malad City, Idaho
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DATE REC'D BY LOCAL REG. June 16-1954	REGISTRAR'S SIGNATURE J. Guy Benson	26. FUNERAL DIRECTOR [Signature]	ADDRESS Malad City Ida.
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RECEIVED

(1948 Revision of Standard Certificate)

JUL 8 - 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

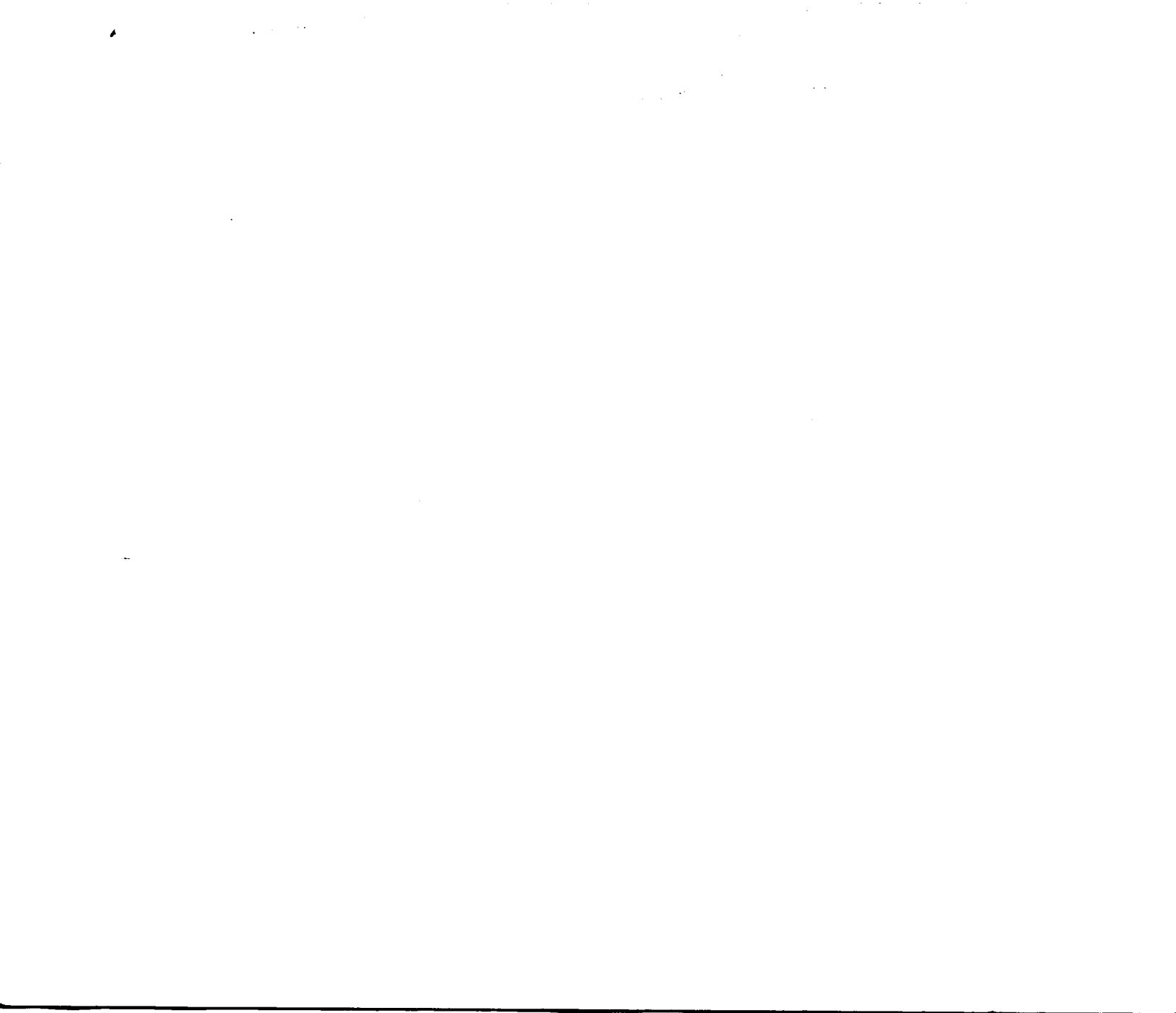
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

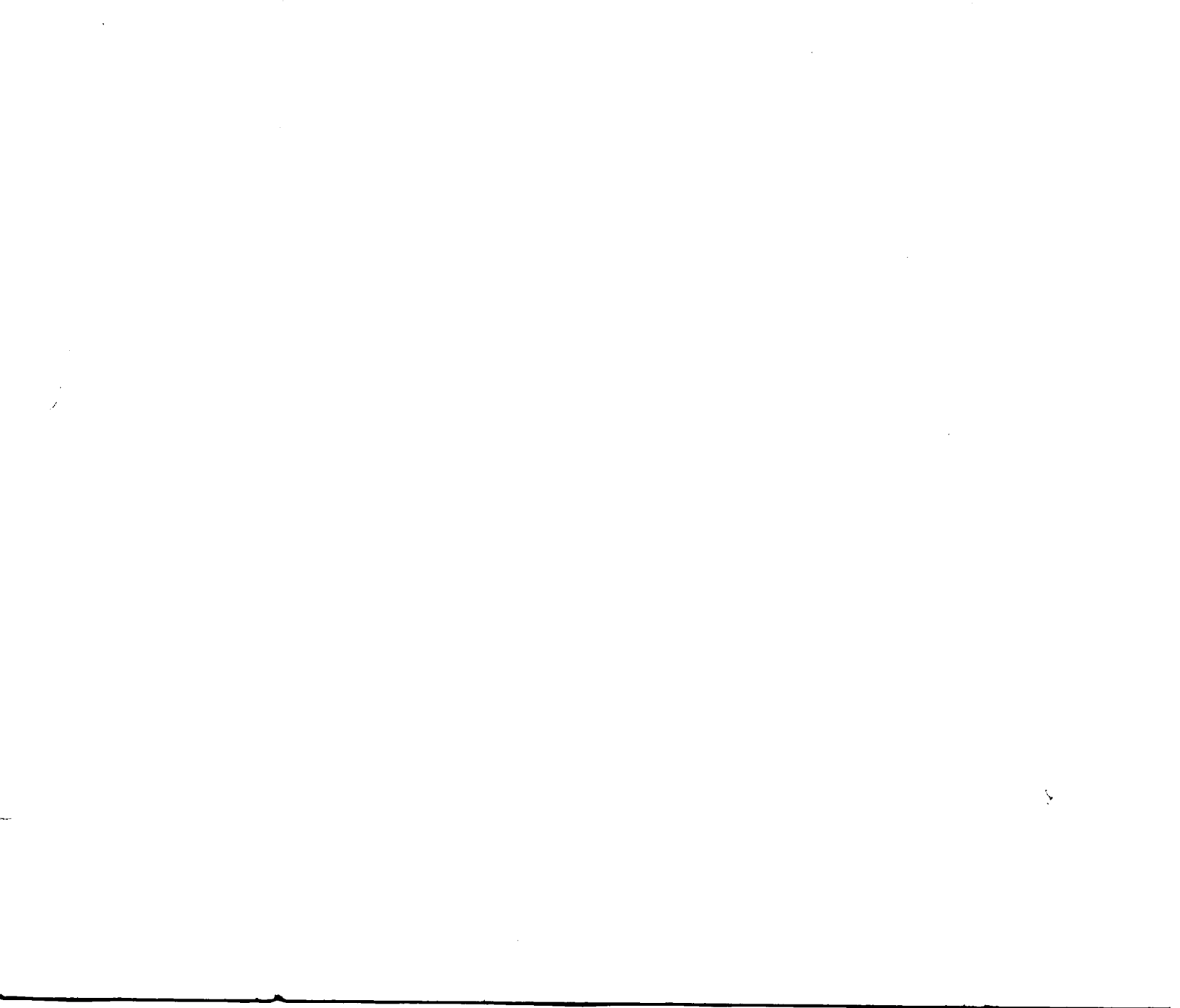
1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>144 ash St.</u>	
3. CHILD'S NAME (Type or Print) <u>MICHAEL DAVID CRANER</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>6 - 26 - 54</u>
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) c. (Last) <u>CRANER</u> 8. COLOR OR RACE <u>W.</u>			
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>AIR FORCE</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Delores</u> b. (Middle) c. (Last) <u>Welch</u> 13. COLOR OR RACE <u>W</u>			
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Filer Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Father</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Extragen blastosis foetalis @ Trucos 39.2</u>	
		20b. MATERNAL CAUSES <u>Mother - Rh neg - Father Rh pos - heterozygous -</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Joseph W. Marshall, M.D.</u>	
		23b. DATE SIGNED <u>6-26-54</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>6-29-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem. Park</u>
DATE REC'D BY LOCAL REG. <u>June 30, 1954</u>		25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>	
REGISTRAR'S SIGNATURE <u>Laura Lanning Deputy</u>		26. FUNERAL DIRECTOR ADDRESS <u>Willis White Mortuary Twin Falls Ida.</u>	



(1949 Revision of Standard Certificate)
RECEIVED
STATE OF IDAHO
JUL 1 1954

State File No. 320
Local Reg. No. 320
Reg. Dist. No. 320

1. PLACE OF STILLBIRTH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Weiser Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>451 E. Galloway St.</u>	
3. CHILD'S NAME (Type or Print) <u>ROSA LINDA LOPEZ</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 20, 1954</u>
7. FATHER'S NAME a. (First) <u>Reyes</u> b. (Middle) <u>Falcon</u> c. (Last) <u>Lopez</u>		8. COLOR OR RACE <u>Spanish</u>	
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rio Grande, Texas</u>	11a. USUAL OCCUPATION <u>Section Worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.P.R.R.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ophelia</u> b. (Middle) <u>Trebino</u> c. (Last) <u>Flores</u>		13. COLOR OR RACE <u>Spanish</u>	
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Texas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>2</u>	
17. INFORMANT <u>Rosa Lopez</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec. 8, 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Mother Rh Negative, Father Rh Positive</u> <u>DDS. Breech. Massive pelvis. Prolapsed foot & arm.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See 20b</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:30 A.M.</u>	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Hyden Hancher, M.D.</u>		23b. DATE SIGNED <u>6/16/54</u>
	23c. ATTENDANT'S ADDRESS <u>Weiser, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>R. Lee Thompson</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6-22-1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	25d. LOCATION (City, town, or county) (State) <u>Weiser, Idaho</u>
DATE REC'D BY LOCAL REG. <u>6-22-54</u>	REGISTRAR'S SIGNATURE <u>Maria Hancher</u>	26. FUNERAL DIRECTOR ADDRESS <u>Weiser, Idaho</u>	



RECEIVED

(Revision of Standard Certificate)

JUL 22 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 101

Local Reg. No. 282

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 416 North Garden	
3. CHILD'S NAME (Type or Print) LAURENCE SAMUEL (BABY BOY) AMYX			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 11, 1954
7. FATHER'S NAME a. (First) Jay b. (Middle) S. c. (Last) Amyx, Jr.		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Decatur, Texas	11a. USUAL OCCUPATION Building	11b. KIND OF BUSINESS OR INDUSTRY Construction
12. MOTHER'S MAIDEN NAME a. (First) Martha b. (Middle) L. c. (Last) Ratts		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Atlanta, Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>J. S. Amyx Jr.</i>			
18a. LENGTH OF PREGNANCY 39 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 27, '54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Abruption placental 20b. MATERNAL CAUSES 36.2	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:27 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harvey L. Smith M.D. 23b. DATE SIGNED, 7-14-54	
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL RELYEA MORTUARY TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/14/54	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	25d. LOCATION (City, town, or county) (State) Boise Ada, Idaho
DATE REC'D BY LOCAL REG. 7-19-54	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>RELYEA MORTUARY</i>	ADDRESS 318 N. Latah Boise, Idaho

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(1949 Revision of Standard Certificate)

AUG 3 - 1954

Division of Vital Statistics

State of Idaho

State File No. 102

Local Reg. No. 276

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 145 1/2 Warm Springs Avenue	
3. CHILD'S NAME (Type or Print) BABY BOY GRESS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 18, 1954
7. FATHER'S NAME a. (First) Mark b. (Middle) Wesley c. (Last) Gress		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) North Dakota	11a. USUAL OCCUPATION Fireman	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) Marjorie b. (Middle) Lou c. (Last) Pelott		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Michigan	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Mark W. Gress Jr.			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta. 36.2	
		20b. MATERNAL CAUSES —	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Harold B. Hulme, M.D. 23b. DATE SIGNED 21 July 1954	
23c. ATTENDANT'S ADDRESS Boise, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/27/54	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 7-30-54	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS SUMMERS FUNERAL HOME Boise, Idaho A. Dale M. Summers	

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Abstract

RECEIVED

CERTIFICATE OF STILLBIRTH

Revision of Standard Certificate)

JUL 30 1954

Division of Vital Statistics

State of Idaho

State File No. 103

Local Reg. No. 177

Reg. Dist. No. 526

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 424 North 12th	
3. CHILD'S NAME (Type or Print) GAMWELL			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 20, 1954
7. FATHER'S NAME a. (First) Byron b. (Middle) Thomas c. (Last) Gamwell		8. COLOR OR RACE white	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Shelley, Idaho	11a. USUAL OCCUPATION Office Clerk	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Dorothy b. (Middle) Jean c. (Last) Horrocks		13. COLOR OR RACE white	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Dorothy H. Gamwell mother 0			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec. 1953	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES NONE 20b. MATERNAL CAUSES Pre-eclampsia, severe	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy & Repair	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) [Signature] 23b. DATE SIGNED 7-3-54	
23c. ATTENDANT'S ADDRESS Pocatello		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE June 23, 1954	25c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEMETERY	25d. LOCATION (City, town, or county) (State) Pocatello, Bannock, IDAHO
DATE REC'D BY LOCAL REG. July 21, 1954		26. FUNERAL DIRECTOR Manning Funeral Home ADDRESS Pocatello	

STATE OF NEW YORK
IN SENATE
January 1, 1911

OFFICE OF THE COMMISSIONER OF EDUCATION		ALBANY, N. Y.	
JANUARY 1, 1911		RECEIVED	
TO THE COMMISSIONER OF EDUCATION		FROM THE	
SCHOOL DISTRICT OF		COUNTY OF	
TOWN OF		VILLAGE OF	
WARD OF		STREET OF	
NO. OF PUPILS		NO. OF TEACHERS	
NO. OF SCHOOLS		NO. OF CLASSES	
NO. OF STUDENTS		NO. OF GRADUATES	
NO. OF TEACHERS		NO. OF PRINCIPALS	
NO. OF SUPERINTENDENTS		NO. OF DEPUTY SUPERINTENDENTS	
NO. OF ASSISTANT SUPERINTENDENTS		NO. OF INSPECTORS	
NO. OF ASSISTANT INSPECTORS		NO. OF CLERKS	
NO. OF ATTENDANCE OFFICERS		NO. OF SCHOOL CLERKS	
NO. OF SCHOOL BUS DRIVERS		NO. OF SCHOOL BUS ATTENDANTS	
NO. OF SCHOOL BUS ENGINEERS		NO. OF SCHOOL BUS MECHANICS	
NO. OF SCHOOL BUS PASSENGERS		NO. OF SCHOOL BUS TOLLS	
NO. OF SCHOOL BUS TICKETS		NO. OF SCHOOL BUS FINE	
NO. OF SCHOOL BUS ACCIDENTS		NO. OF SCHOOL BUS INJURIES	
NO. OF SCHOOL BUS DEATHS		NO. OF SCHOOL BUS PROPERTY DAMAGE	
NO. OF SCHOOL BUS THEFTS		NO. OF SCHOOL BUS VANDALISM	
NO. OF SCHOOL BUS OTHER		NO. OF SCHOOL BUS TOTAL	

STATE OF NEW YORK		IN SENATE	
JANUARY 1, 1911		RECEIVED	
TO THE COMMISSIONER OF EDUCATION		FROM THE	
SCHOOL DISTRICT OF		COUNTY OF	
TOWN OF		VILLAGE OF	
WARD OF		STREET OF	
NO. OF PUPILS		NO. OF TEACHERS	
NO. OF SCHOOLS		NO. OF CLASSES	
NO. OF STUDENTS		NO. OF GRADUATES	
NO. OF TEACHERS		NO. OF PRINCIPALS	
NO. OF SUPERINTENDENTS		NO. OF DEPUTY SUPERINTENDENTS	
NO. OF ASSISTANT SUPERINTENDENTS		NO. OF INSPECTORS	
NO. OF ASSISTANT INSPECTORS		NO. OF CLERKS	
NO. OF ATTENDANCE OFFICERS		NO. OF SCHOOL CLERKS	
NO. OF SCHOOL BUS DRIVERS		NO. OF SCHOOL BUS ATTENDANTS	
NO. OF SCHOOL BUS ENGINEERS		NO. OF SCHOOL BUS MECHANICS	
NO. OF SCHOOL BUS PASSENGERS		NO. OF SCHOOL BUS TOLLS	
NO. OF SCHOOL BUS TICKETS		NO. OF SCHOOL BUS FINE	
NO. OF SCHOOL BUS ACCIDENTS		NO. OF SCHOOL BUS INJURIES	
NO. OF SCHOOL BUS DEATHS		NO. OF SCHOOL BUS PROPERTY DAMAGE	
NO. OF SCHOOL BUS THEFTS		NO. OF SCHOOL BUS VANDALISM	
NO. OF SCHOOL BUS OTHER		NO. OF SCHOOL BUS TOTAL	

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route # 3	
3. CHILD'S NAME (Type or Print) Not Named			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 5, 1954
7. FATHER'S NAME a. (First) Robert b. (Middle) F. c. (Last) Peck		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Aberdeen, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Constance b. (Middle) Gay c. (Last) Sommercorn		13. COLOR OR RACE White	
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Sterling, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Charlotte Thompson (Child)</i>			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH Not Weighed LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date January	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Ralph Peck</i> M.D.	
23b. DATE SIGNED 7-9-54		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. Beck</i>	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 7-5-54	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hosp.	25d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho
DATE REC'D BY LOCAL REG. July 9, 1954	REGISTRAR'S SIGNATURE <i>Mrs. Charles E. Pattee</i>	26. FUNERAL DIRECTOR (Acting) <i>W. Beck</i>	ADDRESS Blackfoot

SECRET

11-11-61

SECRET

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 11-11-61

CLASSIFICATION: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

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14. [Illegible]

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20. [Illegible]

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 11-11-61

CLASSIFICATION: [Illegible]

1. [Illegible]

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17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

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(1949 Revision of Standard Certificate)

JUL 20 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 6.10

105

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS 379 8th Street (If rural, give location)	
3. CHILD'S NAME (Type or Print) INFANT KENNEY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 7 1954
7. FATHER'S NAME a. (First) John b. (Middle) Herbert c. (Last) Kenney		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Auditor	11b. KIND OF BUSINESS OR INDUSTRY Grain Elevator
12. MOTHER'S MAIDEN NAME a. (First) Ruth b. (Middle) c. (Last) Ulrich		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>John R. Kenney</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Unborn, Stillborn</i> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Mild toxemia of pregnancy</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:26 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>M. D.</i> 23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Orlando C. Buck</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 9, 1954	25c. NAME OF CEMETERY OR CREMATORY Ammon Cemetery	25d. LOCATION (City, town, or county) (State) Bonneville County Idaho
DATE REC'D BY LOCAL REG. July 12, 1954		26. FUNERAL DIRECTOR <i>Orlando C. Buck</i> ADDRESS Idaho Falls, Idaho	

RECEIVED

49 Revision of Standard Certificate)

AUG 19 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 196

Local Reg. No. 169

Reg. Dist. No. 6.10

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE California b. COUNTY Los Angeles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Long Beach	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) 970 Trumanbold	
3. CHILD'S NAME (Type or Print) Infant Garner			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 26 1954
7. FATHER'S NAME a. (First) Delmer b. (Middle) c. (Last) Garner		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Utah	11a. USUAL OCCUPATION Civil Service	11b. KIND OF BUSINESS OR INDUSTRY U. S. Navy
12. MOTHER'S MAIDEN NAME a. (First) Elda b. (Middle) Ruth c. (Last) Smith		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None	
17. INFORMANT Mrs. Elda Smith Garner			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Not determined</i> 39.6		
	20b. MATERNAL CAUSES <i>Not determined</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>David H. Smith, M.D.</i> (Specify if M. D., midwife, or other)		23b. DATE SIGNED 8-9-54
	23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 27, '54	25c. NAME OF CEMETERY OR CREMATORY Rose Hill	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. Aug. 11-1954	REGISTRAR'S SIGNATURE <i>Arma Bridges</i>	26. GENERAL DIRECTOR <i>Orlando C. Buck</i>	ADDRESS Idaho Falls, Idaho

RECEIVED

(1949 Revision of Standard Certificate)

AUG 19 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107

Local Reg. No. 151

Reg. Dist. No. 61D

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY OR TOWN Idaho Falls,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) Route 4	
3. CHILD'S NAME (Type or Print) BABY GIRL JOHNSON			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 31, 1954
7. FATHER'S NAME a. (First) DAVID b. (Middle) ROY c. (Last) JOHNSON		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Iona, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) Kearl c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Laketown, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? none	
17. INFORMANT David R. Johnson			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none	
		20b. MATERNAL CAUSES Band's ring cervix	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Band's ring cervix		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) John H. H. M.D.	
23c. ATTENDANT'S ADDRESS Idaho Falls		24. SIGNATURE OF AUTHORIZED OFFICIAL Leo Williams	
25a. BURIAL, CREMATION, REMOVAL (Specify) 8-1-54		25b. DATE 8-1-54	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho	
DATE REC'D BY LOCAL REG. Aug. 5-1954		26. FUNERAL DIRECTOR Leo Williams	

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

100-443887-100

RECEIVED

(1949 Revision of Standard Certificate)

JUL 27 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 198
Local Reg. No. 4
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marcy Hospital		d. STREET ADDRESS (If rural, give location) 511 Diamond	
3. CHILD'S NAME (Type or Print) SEVEN ALLAN SMITH			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 20 1954
7. FATHER'S NAME a. (First) Ferris b. (Middle) lee c. (Last) Smith		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Breeding, Kentucky	11a. USUAL OCCUPATION Foreman	11b. KIND OF BUSINESS OR INDUSTRY Carnation Milk Co.
12. MOTHER'S MAIDEN NAME a. (First) Mavis b. (Middle) Holmes c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Janis Lee Smith - P.S. Ref.			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 36.0	
20b. MATERNAL CAUSES Prolopse of umbilical cord before engagement of presenting part			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Topenode of umbilical cord.		22. STATE ALL OPERATIONS FOR DELIVERY Version extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:10a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) M.D. 23b. DATE SIGNED 22 July 54	
23c. ATTENDANT'S ADDRESS Nampa Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Alsip TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE July 23, 1954	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. July 22, 1954		25. FUNERAL DIRECTOR Alsip Funeral Chapel ADDRESS Nampa, Idaho	

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RECEIVED
AUG 19 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 100
Local Reg. No. 363
Reg. Dist. No. 5

1. PLACE OF BIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Onehee	
b. CITY OR TOWN Nampa		c. CITY OR TOWN Homedale	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) Rural Rt.	
3. CHILD'S NAME (Type or Print) JOE MICHAEL QUINTANA			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 28 1954
7. FATHER'S NAME a. (First) Jim b. (Middle) c. (Last) Quintana		8. COLOR OR RACE White	
9. AGE (At time of this birth) . 37 YEARS	10. BIRTHPLACE (State or foreign country) Silver City, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Vivian b. (Middle) c. (Last) Robinson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Spencer, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Jim Quintana			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Prematurity - (5 1/2 mo. gestation) 39.5		20b. MATERNAL CAUSES Premature Rupt of Membranes (8/1/54) Anti Appendicitis 7/28/54	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR see 20b above		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W.B. Ross 23b. DATE SIGNED 8/6/54	
23c. ATTENDANT'S ADDRESS Nampa Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL M.D. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 29, 1954	25c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. Aug 14, 1954	REGISTRAR'S SIGNATURE Mrs. Jane Stead	26. FUNERAL DIRECTOR Alsip Funeral Chapel ADDRESS Nampa, Idaho	

RECEIVED

JUL 26 1954

Division of Vital Statistics

State of Idaho

State File No. 110

Local Reg. No. 296

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paul</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 292</u>	
3. CHILD'S NAME (Type or Print) <u>Linda Sue Jennings</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 11, 1954</u>
7. FATHER'S NAME a. (First) <u>Vern</u> b. (Middle) <u>Jennings</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Garfield, Arkansas</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Christina</u> b. (Middle) <u>Riedlinger</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>McIntosh, S. Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Vern Jennings</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>4-30-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Face Presentation - Cerebral Anoxemia</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Face Presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Exsiccation T Repair</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Choo A. Blume</u>	23b. DATE SIGNED <u>13 July 54</u>
23a. ATTENDANT'S ADDRESS <u>Burley Idaho</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Garth Payne</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7/12/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Paul Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Paul, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-19-54</u>	REGISTRAR'S SIGNATURE <u>Amel Dugan</u>	26. FUNERAL DIRECTOR <u>Garth Payne</u>	ADDRESS <u>Burley</u>

UNITED STATES

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UNITED STATES

OF ST. LOUIS

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RECEIVED
AUG 13 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 111

Local Reg. No. 310

Reg. Dist. No. 470

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) R#2 - 2 1/2 M.W. 2 N.	
3. CHILD'S NAME (Type or Print) Chris Garrard			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 30, 1954
7. FATHER'S NAME a. (First) Lawrence b. (Middle) Sylvester c. (Last) Garrard		8. COLOR OR RACE White	
9. AGE (At time of this birth) 17 YEARS	10. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Andrey b. (Middle) Jean c. (Last) Calkins		13. COLOR OR RACE White	
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Burley, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None	
17. INFORMANT Lawrence Garrard Oakley, Idaho Birth 2			
18a. LENGTH OF PREGNANCY Mo. 8 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Cerebral Trauma		20a. FETAL CAUSES 37.0	
20b. MATERNAL CAUSES Sm Pelvis - Lye head			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolonged labor - 20 days Postnatal - Outlets - Episiotomy		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.	
23b. DATE SIGNED 8-3-54		24. SIGNATURE OF AUTHORIZED OFFICIAL Theresa M. McCulloch	
23c. ATTENDANT'S ADDRESS		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 2, 1954	25c. NAME OF CEMETERY OR CREMATORY Oakley Cemetery	25d. LOCATION (City, town, or county) (State) Oakley Idaho
DATE REC'D BY LOCAL REG. 8-11-54	REGISTRAR'S SIGNATURE Yvonne Mason	26. FUNERAL DIRECTOR Theresa M. McCulloch	ADDRESS Burley, Idaho

111

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

REPORT OF INVESTIGATION

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

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RECEIVED

(1949 Revision of Standard Certificate)

JUL 31 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 112

Local Reg. No. 27

Reg. Dist. No. 380

1. PLACE OF STILLBIRTH a. COUNTY ELMORE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE, IDA.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION USAF HOSP. MT. HOME AFB, IDA.		d. STREET ADDRESS (If rural, give location) 110 SOUTH 3RD EAST	
3. CHILD'S NAME (Type or Print) GOODWIN			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) JUL 26 1954
7. FATHER'S NAME a. (First) BILLY b. (Middle) JOE c. (Last) GOODWIN		8. COLOR OR RACE CAU	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) ALA., JACKSON	11a. USUAL OCCUPATION USAF (AIRMAN)	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) FRANCES b. (Middle) PAULINE c. (Last) MCFALL		13. COLOR OR RACE CAU	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) ALA., JACKSON	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? ONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT x Billy & Goodwin			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 5 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES COMPRESSION OF CORD	
20b. MATERNAL CAUSES		36.0	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY BREECH DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) AC Dretsch M.D. USAF (MC)	
23b. DATE SIGNED 26 JUL 54		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL Donald D. Mc Gill		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 28, 1954	25c. NAME OF CEMETERY OR CREMATORY Mountain View	25d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL July 28, 1954	REGISTRAR'S SIGNATURE Bob Anderson	26. FUNERAL DIRECTOR ADDRESS Bey Mortuary - Mountain Home, Idaho	

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UNITED STATES DEPARTMENT OF JUSTICE

INVESTIGATION OF CRIMINAL ACTS

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RECEIVED (1948 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
AUG 14 1954 State of Idaho

State File No. 113
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Latah</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> d. STREET ADDRESS (If rural, give location) <u>650 No. Hayes St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Anderson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 27 1954</u>
7. FATHER'S NAME a. (First) <u>Hilding</u> b. (Middle) <u>W.</u> c. (Last) <u>Anderson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>44</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Spokane, Wn.</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Implement (Farm)</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Elfrede</u> b. (Middle) <u>Stoltz</u> c. (Last) <u>Stoltz</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wilkison, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Hilding Anderson</u>			
18a. LENGTH OF PREGNANCY <u>9 mos. weeks</u>	18b. WEIGHT AT BIRTH <u>5 lbs. 13 1/2 ozs.</u>	19. Was a standard serological test for syphilis performed? Yes <u>XX</u> No _____ Approximate date <u>March 3, 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Probably Rh. Mother was Rh negative but all Rh tests show that no anti-bodies found from Mother's blood or cord blood on stillbirth.</u>		
	20b. MATERNAL CAUSES <u>As above.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Doyle M. Soehr MD</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>7-29-54</u>
	23c. ATTENDANT'S ADDRESS <u>Box 402, Moscow, Idaho</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Shirley R. In</u> TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-28-1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>8/10/54</u>	REGISTRAR'S SIGNATURE <u>Janene Taylor</u>	26. FUNERAL DIRECTOR <u>Shirley R. In</u> ADDRESS <u>Moscow, Idaho</u>	

RECEIVED
JULY 1962

STATE

DATE

TIME

LOCATION

REMARKS

INITIALS

SIGNATURE

OFFICE

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RECEIVED (1949 Revision of Standard Certificate)
JUL 30 1954
CERTIFICATE OF STILLBIRTH
State of Idaho
Division of Vital Statistics

State File No. 111
Local Reg. No. 42
Reg. Dist. No. 42

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY OR TOWN <u>Kellogg</u>		c. CITY OR TOWN <u>Pinehurst</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardner</u>		d. STREET ADDRESS (If rural, give location) <u>Pinehurst</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Tiff</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 18 1954</u>
7. FATHER'S NAME a. (First) <u>Edmund</u> b. (Middle) <u>D</u> c. (Last) <u>Tiff</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Emma</u> b. (Middle) <u>K</u> c. (Last) <u>Cook</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Edmund Tiff</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Thrombosis of Cord, Ectopic and det.</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Elen M. Whitel</u>	23b. DATE SIGNED <u>18 July 54</u>
23c. ATTENDANT'S ADDRESS <u>Kellogg, Idaho</u>		IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7/19/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>
DATE REC'D BY LOCAL REG. <u>7/26/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Kellogg Idaho</u>	

RECEIVED
(1948 Revision of Standard Certificate)
JUL 20 1954
CERTIFICATE OF STILLBIRTH
State of Idaho
Division of Vital Statistics

State File No. 115
Local Reg. No. 6
Reg. Dist. No. 6-20

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>	
b. CITY OR TOWN <u>Driggs</u>		c. CITY OR TOWN <u>Driggs</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>		d. STREET ADDRESS (If full, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 15- 1954</u>
7. FATHER'S NAME a. (First) <u>Bob</u> b. (Middle) <u>Jewell</u> c. (Last) <u>Jenkins</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Victor Idaho</u>	11a. USUAL OCCUPATION <u>Day Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Edith</u> b. (Middle) <u>Nalac</u> c. (Last) <u>Burnside</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Driggs, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Nalac Jenkins</u>			
18a. LENGTH OF PREGNANCY <u>20 1/2</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
19a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>NONE APPARENT</u>	
		20b. MATERNAL CAUSES <u>PREMATURE SEPARATION OF THE PLACENTA</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>SEE #20b</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>NONE</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:30 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Alvin E. Ham</u> M.D.	
23b. DATE SIGNED <u>July 16- 1954</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Victor</u>	
25a. BURIAL CREMATION, REMOVAL (Specify) <u>July 15-54</u>		25b. NAME OF CEMETERY OR CREMATORY <u>Victor</u>	
25c. LOCATION (City, town, or county) (State) <u>Victor</u>		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>July 19-54</u>		26. FUNERAL DIRECTOR <u>None</u>	
REGISTRAR'S SIGNATURE <u>Stella Driggs</u>		ADDRESS	

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1931 1932

RECEIVED

(1949 Revision of Standard Certificate)

JUL 22 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 116

Local Reg. No. 7

Reg. Dist. No. 6.20

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>	
b. CITY OR TOWN <u>Driggs</u>		c. CITY OR TOWN <u>Driggs</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 15, 1954</u>
7. FATHER'S NAME a. (First) <u>Bob</u> b. (Middle) <u>JACK</u> c. (Last) <u>Jenkins</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>29 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Victor Idaho</u>	11a. USUAL OCCUPATION <u>Day Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Edith Valois</u> b. (Middle) <u>Burnside</u> c. (Last) <u>white</u>		13. COLOR OR RACE	
14. AGE (At time of this birth) <u>19 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Driggs, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Valois Jenkins</u>			
18a. LENGTH OF PREGNANCY <u>20 1/2 WEEKS</u>	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Mar. 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>NONE APPARENT.</u> 20b. MATERNAL CAUSES <u>PREMATURE SEPARATION OF THE PLACENTA.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See #20b</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:30 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Alvin E. Nami M.D.</u> 23b. DATE SIGNED <u>16 July 1954</u>	
23c. ATTENDANT'S ADDRESS <u>REXBURG, IDAHO</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Victor Idaho</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>7-16-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Victor</u>	25d. LOCATION (City, town, or county) (State) <u>Victor Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 19-54</u>	REGISTRAR'S SIGNATURE <u>Stella Grigg</u>	26. FUNERAL DIRECTOR <u>none</u> ADDRESS	

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CONFIDENTIAL

1949-1950

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RECEIVED

Dr. Coats
(1949 Revision of Standard Certificate)
JUL 14 1954
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 117
Local Reg. No. 2
Reg. Dist. No. 520

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weiser Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 105 W. 7th St.	
3. CHILD'S NAME (Type or Print) MARY ETHEL MEGEE			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 2, 1954
7. FATHER'S NAME a. (First) Charles b. (Middle) Herbert c. (Last) Megee		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Philadelphia, Penn.	11a. USUAL OCCUPATION Packer & Loader	11b. KIND OF BUSINESS OR INDUSTRY Cement
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Ann c. (Last) Burgess		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Firth, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT Charles H. Megie			
18a. LENGTH OF PREGNANCY 41 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. No. 37.8 Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxia - Cerebral Compression 20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. Coats M.D. 23b. DATE SIGNED 7/9/1954	
23c. ATTENDANT'S ADDRESS 14 E. Idaho, Weiser, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-6-54	25c. NAME OF CEMETERY OR CREMATORY Hillcrest	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG. 7-6-54		26. FUNERAL DIRECTOR ADDRESS Weiser, Idaho	

INTELLIGENCE

REPORT

TO DIRECTOR, FBI
FROM [illegible]
SUBJECT: [illegible]
DATE: [illegible]

TO DIRECTOR, FBI
FROM [illegible]
SUBJECT: [illegible]
DATE: [illegible]

RE: [illegible]
[illegible]

RE: [illegible]
[illegible]

DATE: [illegible]
[illegible]

DATE: [illegible]
[illegible]

BY: [illegible]
[illegible]

BY: [illegible]
[illegible]

APPROVED: [illegible]
[illegible]

APPROVED: [illegible]
[illegible]

RE: [illegible]
[illegible]

RE: [illegible]
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DATE: [illegible]
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DATE: [illegible]
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BY: [illegible]
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BY: [illegible]
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APPROVED: [illegible]
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APPROVED: [illegible]
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49 Revision of Standard Certificate)

AUG 30 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 118
Local Reg. No. 321
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada	b. CITY (If outside corporate limits, write RURAL and give township) Boise,	a. STATE Idaho,	b. COUNTY Boise,
c. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital.		d. STREET ADDRESS (If rural, give location) P.O. Box. 63.	
3. CHILD'S NAME (Type or Print)			
BABY GIRL ROARK.			
4. SEX Female.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July. 28. 1954.
7. FATHER'S NAME Donald Robert Roark.		8. COLOR OR RACE White.	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Kuna, Idaho.	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Logging.
12. MOTHER'S MAIDEN NAME Loretta		13. COLOR OR RACE White.	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Bertran, Nebraska.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Donald R. Roark Box 63 Crouch		a. How many children are now living? None.	b. How many children were born alive but are now dead? None.
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date		20a. FETAL CAUSES Unknown	
20b. MATERNAL CAUSES 39.6		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Stewart M. Merrell M.D.	
23b. DATE SIGNED 8/3/54		24. SIGNATURE OF AUTHORIZED OFFICIAL Charles E. Summers	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE July. 31. 1954.	
25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park.		25d. LOCATION (City, town, or county) (State) Boise, Idaho.	
DATE REC'D BY LOCAL REG. 8-11-54		REGISTRAR'S SIGNATURE Margaret Palmer	
FEDERAL DIRECTOR Summers Funeral Home, Boise, Idaho.		ADDRESS	

STATE OF NEW YORK

IN SENATE

January 13, 1903

REPORT OF THE

COMMISSIONER

OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

AT ITS SESSION ON JANUARY 13, 1903

ALBANY: JAMES B. LEECH, STATE PRINTER, 1903.

PRICE, FIVE CENTS.

FOR SALE BY THE STATE OF NEW YORK.

ALBANY: JAMES B. LEECH, STATE PRINTER, 1903.

PRICE, FIVE CENTS.

FOR SALE BY THE STATE OF NEW YORK.

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ALBANY: JAMES B. LEECH, STATE PRINTER, 1903.

PRICE, FIVE CENTS.

FOR SALE BY THE STATE OF NEW YORK.

RECEIVED

(1949 Revision of Standard Certificate)

AUG 30 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 110

Local Reg. No. 317

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Blaine	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atlanta	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) None	
3. CHILD'S NAME (Type or Print) Baby girl Lothrop # 1			
4. SEX M	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 5 54
7. FATHER'S NAME a. (First) Robert b. (Middle) Alson c. (Last) Lothrop		8. COLOR OR RACE W	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Engineer	11b. KIND OF BUSINESS OR INDUSTRY Mining
12. MOTHER'S MAIDEN NAME a. (First) Cynthia b. (Middle) Ann c. (Last) Jessness		13. COLOR OR RACE W	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Cynthia Ann Lothrop			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Cord tightly twisted at neck. 20b. MATERNAL CAUSES Engorgement of placenta 80%, Hydramnios		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hydramnios, Prematurity		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Wm. J. Harpold	23b. DATE SIGNED 8-7-54
23a. ATTENDANT'S ADDRESS Boise Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL E. J. [Signature]
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 8-10-54	25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 8-10-54		26. FUNERAL DIRECTOR Myrtle Palmer	ADDRESS St. Luke's Hosp. Boise Idaho by Eva Mason

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(1949 Revision of Standard Certificate)

AUG 30 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 120

Local Reg. No. 318

Reg. Dist. No. 370

Division of Vital Statistics

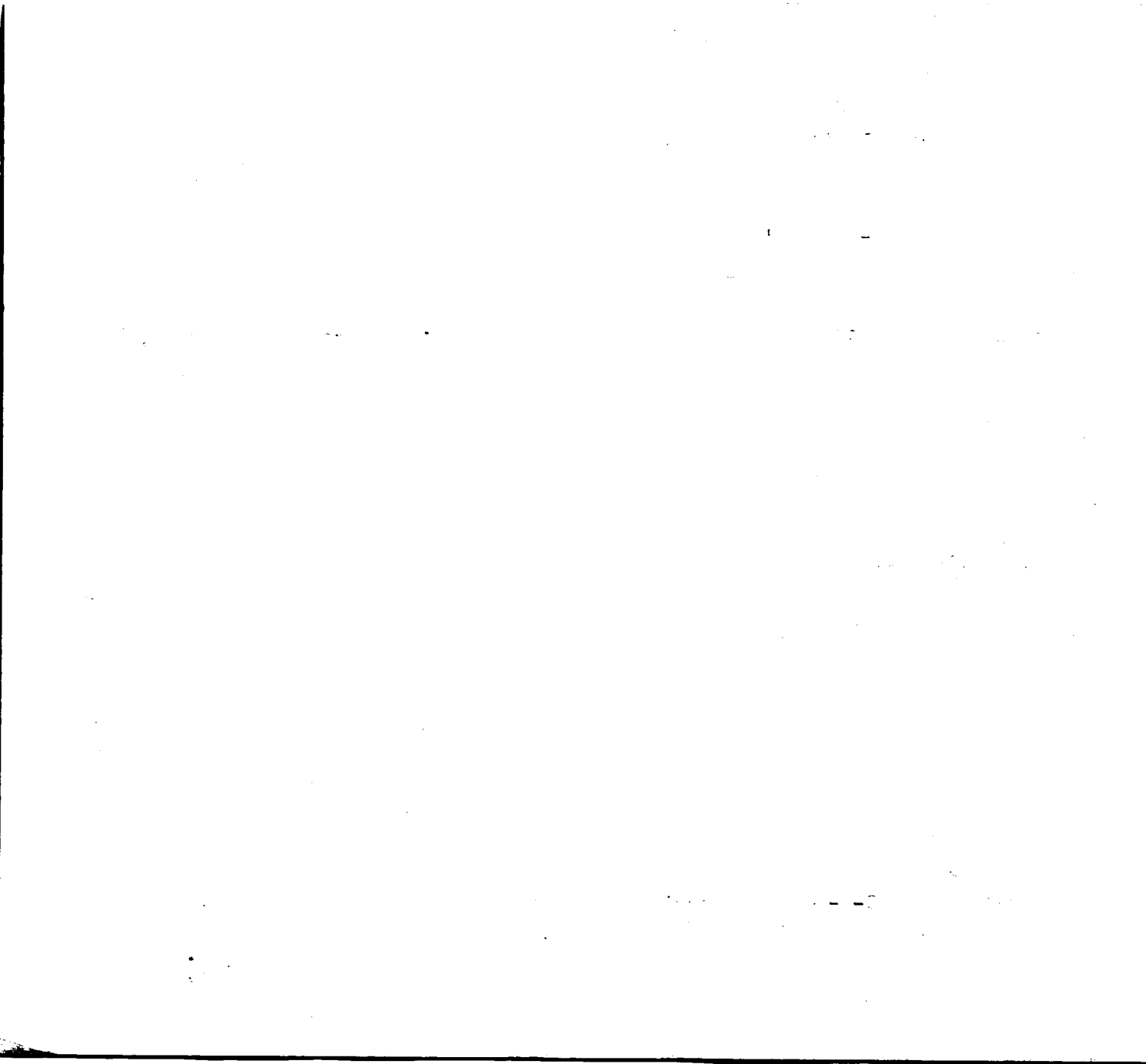
1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atlanta	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) None	
3. CHILD'S NAME (Type or Print) Baby girl Lothrop # 2			
4. SEX F	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 5 54
7. FATHER'S NAME a. (First) Robert b. (Middle) Alson c. (Last) Lothrop		8. COLOR OR RACE W	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Engineer	11b. KIND OF BUSINESS OR INDUSTRY Mining
12. MOTHER'S MAIDEN NAME a. (First) Cynthia b. (Middle) Ann c. (Last) Jessness		13. COLOR OR RACE W	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Cynthia Ann Lothrop			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None apparent 20b. MATERNAL CAUSES Infection of placenta, Hydramnios	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hydramnios, prematurity, none		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) Gene Reynolds	23b. DATE SIGNED 8-7-54
23c. ATTENDANT'S ADDRESS Boise Idaho		IF NOT attended by physician Dr. W. H. HARRIS / Dr. J. H. HARRIS / Dr. J. H. HARRIS	24. SIGNATURE OF AUTHORIZED OFFICIAL W. H. HARRIS
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 8-10-54	25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 8-10-54	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR (Eva Maxon) Boise Idaho St. Luke's Hospital	

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(1949 Revision of Standard Certificate)

AUG 30 1954**Division of Vital Statistics****CERTIFICATE OF STILLBIRTH****State of Idaho**State File No. 123Local Reg. No. 316Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY Probably Ada County		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Unknown b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unknown (Boise)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unknown	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Found- Sutter's Canal		d. STREET ADDRESS (If rural, give location) Unknown	
3. CHILD'S NAME (Type or Print) (Unknown) INFANT JANE DOE			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Probably August 6, 1954
7. FATHER'S NAME a. (First) Unknown	b. (Middle)	c. (Last)	8. COLOR OR RACE White
9. AGE (At time of this birth) NA YEARS	10. BIRTHPLACE (State or foreign country) NA	11a. USUAL OCCUPATION NA	11b. KIND OF BUSINESS OR INDUSTRY NA
12. MOTHER'S MAIDEN NAME a. (First) Unknown	b. (Middle)	c. (Last)	13. COLOR OR RACE White
14. AGE (At time of this birth) NA YEARS	15. BIRTHPLACE (State or foreign country) NA	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NA b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Frank Burr Boise City Police			
18a. LENGTH OF PREGNANCY About 24 WEEKS	18b. WEIGHT AT BIRTH About 3 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. NO Approximate date.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY None known	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 6 August 54
	23c. ATTENDANT'S ADDRESS	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8-7-54	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Ada, Idaho
DATE REC'D BY LOCAL REG. 8-10-54	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR [Signature] RELYEA MORTUARY	ADDRESS 318 N. Latah Boise, Idaho



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4-42

FEDERAL SECURITY AGENCY

PUBLIC HEALTH SERVICE

AUG 30 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 122

Local Reg. No. 319

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise Mountain Home, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Mountain Home, Idaho (Air Force Base)</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Candelli</u>			
4. SEX <u>2</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>8-7-54</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>-</u> c. (Last) <u>Candelli</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Connecticut</u>	11a. USUAL OCCUPATION <u>Airman 1st Cd.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force Base</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) <u>Candelle</u> c. (Last) <u>Candelle</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Connecticut</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mildred Candelli</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anencephalic monster</u> 38.0	
		20b. MATERNAL CAUSES <u>Polyhydramnios</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Polyhydramnios</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Induced labor by Dr. R. Menz</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <u>Perse Hunsold M.D.</u> 23b. DATE SIGNED <u>8-8-54</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Edna M. Smith</u> TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>8/10/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-10-54</u>	REGISTRAR'S SIGNATURE <u>Mertle Palmer</u>	26. FUNERAL DIRECTOR <u>Eva Mayou</u> ADDRESS <u>Boise Idaho</u> <u>St. Luke's Hosp.</u>	

STATE OF NEW YORK

IN SENATE
JANUARY 11, 1911

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR ENDING DECEMBER 31, 1910

ALBANY: J.B. LIPPINCOTT COMPANY, 1911

PRINTED BY THE STATE PRINTING OFFICE

ALBANY: J.B. LIPPINCOTT COMPANY, 1911

RECEIVED JAN 11 1911

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STATE OF NEW YORK

IN SENATE

JANUARY 11, 1911

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SEP 11 1954
Division of Vital Statistics
Adm

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 129Local Reg. No. 339Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 2102 N. 23rd.	

3. CHILD'S NAME
(Type or Print) **Catherine Jean Talbert**

4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 25, 1954
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7. FATHER'S NAME a. (First) Philip b. (Middle) Harlan c. (Last) Talbert	8. COLOR OR RACE White
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9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Caldwell, Idaho	11a. USUAL OCCUPATION Clerk Typist	11b. KIND OF BUSINESS OR INDUSTRY Idaho Nat'l. Guard
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12. MOTHER'S MAIDEN NAME a. (First) Barbara b. (Middle) Jean c. (Last) Payne	13. COLOR OR RACE White
--	-----------------------------------

14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) American Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None
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17. INFORMANT Mrs. H. B. Talbert 1616 Denney, Boise Idaho	None	None	None
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18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date December 4, 1953	39.6
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None apparent - Epilepsy in mother 18 hrs prior to delivery	20b. MATERNAL CAUSES None
--	---	-------------------------------------

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY Forceps delivery & episiotomy
---	---

I hereby certify that I attended the birth of this child who was born dead on the date stated above at C.P. m.	23a. ATTENDANT'S SIGNATURE Justus E. Brumback M.D.	(Specify if M. D., midwife or other)	23b. DATE SIGNED 8/27/54
	23c. ATTENDANT'S ADDRESS 310 Idaho - Boise	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL A. E. Alden TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE August 27, 1954	25c. NAME OF CEMETERY OR CREMATORY Cleverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
--	-------------------------------------	---	--

DATE REC'D BY LOCAL REG. 9-8-54	REGISTRAR'S SIGNATURE Meyrtle Palmer	26. FUNERAL DIRECTOR A. E. Alden ADDRESS 419 N. 9th. St.
---	--	--

McBratney-Alden Chapel

UNITED STATES POST OFFICE

POSTAGE WILL BE PAID BY ADDRESSEE

NO. 10

POSTAGE WILL BE PAID BY ADDRESSEE

NO. 10

NO. 10

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NO. 10

RECEIVED SEP 11 1954 OFFICE OF STILLBIRTH State of Idaho

(1949 Revision of Standard Certificate)

State File No. 124

Local Reg. No. 334

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 508 East 46th Street	
3. CHILD'S NAME (Type or Print) Juanita Anne Brock			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 - 30 - 54
7. FATHER'S NAME a. (First) John b. (Middle) Fred c. (Last) Brock		8. COLOR OR RACE W	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION truck driver	11b. KIND OF BUSINESS OR INDUSTRY sand & gravel
12. MOTHER'S MAIDEN NAME a. (First) Burness b. (Middle) B. c. (Last) brady		13. COLOR OR RACE W	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Burness B. Brock			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Unknown (autopsy failed to give Cause)		20b. MATERNAL CAUSES 39.6	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Hewitt Overnell M.D.	
23b. DATE SIGNED 9/11/54		24. SIGNATURE OF AUTHORIZED OFFICIAL Helene B. Ross, Administrator	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE 9-1-54	
25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital		25d. LOCATION (City, town, or county) (State) Boise Idaho	
DATE REC'D BY LOCAL REG. 9-3-54		26. FUNERAL DIRECTOR ADDRESS St. Luke's Hospital Boise, Idaho	

STATE OF NEW YORK

IN SENATE
JANUARY 1, 1910

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1909

ALBANY:

1910

PRINTED BY THE STATE PRINTING OFFICE

1910

1910

1910

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1910

1910

1910

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1909

ALBANY:

1910

PRINTED BY THE STATE PRINTING OFFICE

1910

1910

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RECEIVED

(1949 Revision of Standard Certificate)

SEP 21 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 125

Local Reg. No. 218

Reg. Dist. No. 310

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		d. STREET ADDRESS (If rural, give location) 845 West Whitman	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital					
3. CHILD'S NAME (Type or Print) BARRY LEMUEL WHITING					
4. SEX MALE	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) July 10, 1954	
7. FATHER'S NAME a. (First) Leon		b. (Middle) Bernel		c. (Last) Whiting	
8. COLOR OR RACE white		9. AGE (At time of this birth) 19 YEARS			
10. BIRTHPLACE (State or foreign country) Pocatello, Idaho		11a. USUAL OCCUPATION Apprentice machinist		11b. KIND OF BUSINESS OR INDUSTRY N.O.P.	
12. MOTHER'S MAIDEN NAME a. (First) Norma		b. (Middle) Larsen		c. (Last) white	
13. COLOR OR RACE white		14. AGE (At time of this birth) 18 YEARS			
15. BIRTHPLACE (State or foreign country) Pocatello, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Norma Whiting mother					
18a. LENGTH OF PREGNANCY 22 WEEKS		18b. WEIGHT AT BIRTH 1 LBS. 2 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 5 1/2 months gestation			
		20b. MATERNAL CAUSES Hydramnios			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hydramnios			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:11 P. m.		23a. ATTENDANT'S SIGNATURE Millerrell M.D.		23b. DATE SIGNED 8-20-54	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Conway Hunt	
25a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		25b. DATE July 10, 1954		25c. NAME OF CEMETERY OR CREMATORY Western Memorial Park, Idaho	
25d. LOCATION (City, town, or county) Pocatello, Idaho		(State)			
DATE REC'D BY LOCAL REG. Sept. 16, 1954		REGISTRAR'S SIGNATURE L. Varn. Wallin		25. FUNERAL DIRECTOR Conway Hunt	
				ADDRESS Pocatello, Idaho	

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OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK
Division of Social Services

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(1949 Revision of Standard Certificate)

SEP 1 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

111-54-0

126

State File No.

Local Reg. No. 200Reg. Dist. No. 511**Division of Vital Statistics**

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) MARY KATHRYN JOLLEY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 17, 1954
7. FATHER'S NAME a. (First) John b. (Middle) c. (Last) Jolley, Jr.		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Oberlin, Ohio	11a. USUAL OCCUPATION Forester	11b. KIND OF BUSINESS OR INDUSTRY U.S. Indian Agency
12. MOTHER'S MAIDEN NAME a. (First) Shirley b. (Middle) Virginia c. (Last) Kyeldsen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) New Haven, Kentucky	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Shirley Virginia Jolley			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH Not LBS. done	19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> No... <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Congenital Hydrocephalus, 38.1 20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Cranioscissors of Fetus.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:00 P. m.		23a. ATTENDANT'S SIGNATURE H. L. Olsen, M.D. 23b. DATE SIGNED 8-5-54	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Conway Shaw TITLE Pocatello	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-22-54	25c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Bannock Idaho
DATE REC'D BY LOCAL REG. AUG 30 1954	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR Conway Shaw ADDRESS Pocatello	

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RECEIVED

(1949 Revision of Standard Certificate)

SEP 1 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

111-54-0

State File No. 127

Local Reg. No. 207

Reg. Dist. No. 570

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 120 Gray			
3. CHILD'S NAME (Type or Print) BAEY BOY LLOYD					
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 29, 1954		
7. FATHER'S NAME a. (First) Spencer		b. (Middle) A.		c. (Last) Lloyd	
8. COLOR OR RACE white					
9. AGE (At time of this birth) 50 YEARS	10. BIRTHPLACE (State or foreign country) Bloomington, Ill.	11a. USUAL OCCUPATION Office Manager		11b. KIND OF BUSINESS OR INDUSTRY Westvaco	
12. MOTHER'S MAIDEN NAME a. (First) Marie		b. (Middle) Rose		c. (Last) Kirley	
13. COLOR OR RACE white					
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Bourbonnais, Ill.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Marie K. Lloyd mother					
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan 1954			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Face presentation			
		20b. MATERNAL CAUSES Long labor, uterine inertia			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY outlet forceps		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 m.		23a. ATTENDANT'S SIGNATURE M. R. Keam M.D.		23b. DATE SIGNED 14 Aug 1954	
23c. ATTENDANT'S ADDRESS Pocatello Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Downards	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jul. 31, '54	25c. NAME OF CEMETERY OR CREMATORY Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello Idaho		
DATE REC'D BY LOCAL REG. AUG 30 1954	REGISTRAR'S SIGNATURE Evam. Wallin	26. FUNERAL DIRECTOR Downards Pocatello, Idaho			

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OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1934

REPORT OF THE

COMMISSIONER OF

THE STATE

OF THE

LAND OFFICE

FOR THE YEAR

ENDING

DECEMBER 31,

1933

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PRINTED BY THE

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

SEP 1 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 397

Reg. Dist. No. 5/0

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 508 South Arthur	
3. CHILD'S NAME (Type or Print) BABY GIRL ENGLAND			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 4, 1954
7. FATHER'S NAME a. (First) Charles b. (Middle) Milton c. (Last) England		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Seaman 1st class	11b. KIND OF BUSINESS OR INDUSTRY U. S. Navy
12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) Smith c. (Last) Smith		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Montpelier, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Helen England			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH Not LBS done OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 39, 4	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None Apparent, [Macerated Fetus] 20b. MATERNAL CAUSES None.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:22 A.m.		23a. ATTENDANT'S SIGNATURE L. Olsen, M.D. 23b. DATE SIGNED 8-5-54	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Jack Henderson TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 5, 1954	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. AUG 30 1954	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR Jack Henderson ADDRESS Pocatello, Idaho	

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(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

State File No. 128

Local Reg. No. 336

Reg. Dist. No. 225

1. PLACE OF STILLBIRTH a. COUNTY Bingham			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital			d. STREET ADDRESS (If rural, give location) 1618 Hansen Ave., Burley, Idaho		
3. CHILD'S NAME (Type or Print) Not Named					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 6, 1954		
7. FATHER'S NAME a. (First) Joseph b. (Middle) Henry c. (Last) Pingel		8. COLOR OR RACE White			
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Malad, Idaho	11a. USUAL OCCUPATION Service Station Attendant	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) Rachel b. (Middle) Elizabeth c. (Last) Fackrell		13. COLOR OR RACE White			
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Thomas, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT Charlotte Thompson Clerk					
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date December			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown			
		20b. MATERNAL CAUSES Toxemia - preeclampsia severe			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Severe Preeclampsia			22. STATE ALL OPERATIONS FOR DELIVERY Cesarean section & Stimulation		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:32 a.m.		23a. ATTENDANT'S SIGNATURE Edna Packer M.D.		23b. DATE SIGNED 8-9-54	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL W. Beck		
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 8-6-54	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hosp.		25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho	
DATE REC'D BY LOCAL REG. Aug 10 1954	REGISTRAR'S SIGNATURE Mrs. Evelyn E. Patricia	26. FUNERAL DIRECTOR (Acting) W. Beck		ADDRESS Blackfoot, Idaho	

CERTIFICATE OF STILLBIRTH

1. Name of Mother		2. Name of Father	
3. Address of Mother		4. Address of Father	
5. Date of Birth		6. Time of Birth	
7. Place of Birth		8. Sex	
9. Weight		10. Length	
11. Head Circumference		12. Chest Circumference	
13. Arm Circumference		14. Leg Circumference	
15. Foot Length		16. Finger Length	
17. Birth Weight		18. Birth Length	
19. Birth Head Circumference		20. Birth Chest Circumference	
21. Birth Arm Circumference		22. Birth Leg Circumference	
23. Birth Foot Length		24. Birth Finger Length	
25. Birth Weight		26. Birth Length	
27. Birth Head Circumference		28. Birth Chest Circumference	
29. Birth Arm Circumference		30. Birth Leg Circumference	
31. Birth Foot Length		32. Birth Finger Length	
33. Birth Weight		34. Birth Length	
35. Birth Head Circumference		36. Birth Chest Circumference	
37. Birth Arm Circumference		38. Birth Leg Circumference	
39. Birth Foot Length		40. Birth Finger Length	
41. Birth Weight		42. Birth Length	
43. Birth Head Circumference		44. Birth Chest Circumference	
45. Birth Arm Circumference		46. Birth Leg Circumference	
47. Birth Foot Length		48. Birth Finger Length	
49. Birth Weight		50. Birth Length	
51. Birth Head Circumference		52. Birth Chest Circumference	
53. Birth Arm Circumference		54. Birth Leg Circumference	
55. Birth Foot Length		56. Birth Finger Length	
57. Birth Weight		58. Birth Length	
59. Birth Head Circumference		60. Birth Chest Circumference	
61. Birth Arm Circumference		62. Birth Leg Circumference	
63. Birth Foot Length		64. Birth Finger Length	
65. Birth Weight		66. Birth Length	
67. Birth Head Circumference		68. Birth Chest Circumference	
69. Birth Arm Circumference		70. Birth Leg Circumference	
71. Birth Foot Length		72. Birth Finger Length	
73. Birth Weight		74. Birth Length	
75. Birth Head Circumference		76. Birth Chest Circumference	
77. Birth Arm Circumference		78. Birth Leg Circumference	
79. Birth Foot Length		80. Birth Finger Length	
81. Birth Weight		82. Birth Length	
83. Birth Head Circumference		84. Birth Chest Circumference	
85. Birth Arm Circumference		86. Birth Leg Circumference	
87. Birth Foot Length		88. Birth Finger Length	
89. Birth Weight		90. Birth Length	
91. Birth Head Circumference		92. Birth Chest Circumference	
93. Birth Arm Circumference		94. Birth Leg Circumference	
95. Birth Foot Length		96. Birth Finger Length	
97. Birth Weight		98. Birth Length	
99. Birth Head Circumference		100. Birth Chest Circumference	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 130

Local Reg. No. 279

Reg. Dist. No. 601

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelley,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelley,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Babey Maternity		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Johnny Cuellar			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug 7 1954
7. FATHER'S NAME a. (First) Silvano b. (Middle) Cuevas c. (Last) Cuellar		8. COLOR OR RACE Mexican	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Hondo Texas	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Farm Work
12. MOTHER'S MAIDEN NAME a. (First) Lelia b. (Middle) MARRIAGE c. (Last) Mendoza		13. COLOR OR RACE Mexico	
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Silvano Cuevas Cuellar			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 19, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cord twisted cutting off blood before birth	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) Walter J. Smith M.D.	
23b. DATE SIGNED 8-7-54		23c. ATTENDANT'S ADDRESS Shelley, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Lloyd M. Walker		TITLE Shelley	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 8-7-54	25c. NAME OF CEMETERY OR CREMATORY Helperest	25d. LOCATION (City, town, or county) (State) Shelley, Bingham Idaho
DATE REC'D BY LOCAL Aug 8-1954	REGISTRAR'S SIGNATURE Mrs. Evelyn E. Turner	26. FUNERAL DIRECTOR Lloyd M. Walker	

RECEIVED
OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

Oct 8 1904

State of Texas

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State of Texas, at Austin, this 8th day of October, 1904.

Very truly yours,

JOHN D. HANCOCK

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(1949 Revision of Standard Certificate)

AUG 26 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 131

Local Reg. No. 178

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) 132 5th Street	
3. CHILD'S NAME (Type or Print) Infant Ford			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 24, 1954
7. FATHER'S NAME a. (First) Fay b. (Middle) Ford c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Illinois	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Furnaces
12. MOTHER'S MAIDEN NAME a. (First) Lois b. (Middle) Rimmer c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Wyoming	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Fay Ford</i>			
18a. LENGTH OF PREGNANCY WEEKS 4	18b. WEIGHT AT BIRTH LBS. 10 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES asphyxiation		
	20b. MATERNAL CAUSES premature separation of Placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Joseph M. Hatch M.D.</i>		23b. DATE SIGNED 28 July 54
	23b. ATTENDANT'S ADDRESS <i>Idaho Falls, Ida</i>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Jack A. Wood</i> TITLE REGISTRAR
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/26/54	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Aug. 23-1954	REGISTRAR'S SIGNATURE <i>Anna Snider</i>	26. GENERAL DIRECTOR <i>Jack A. Wood</i> ADDRESS Idaho Falls, Idaho	

in. J. H. H. H.

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U.S. DEPARTMENT OF JUSTICE

Name		Address		City		State		Zip	
John Doe		123 Main St		Springfield		Illinois		62760	
Date		Time		Day		Month		Year	
June 24, 1964		10:30 AM		Monday		June		1964	
Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Name		Address		City		State		Zip	
Jane Smith		456 Oak St		Chicago		Illinois		60601	
Date		Time		Day		Month		Year	
June 25, 1964		11:00 AM		Tuesday		June		1964	
Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Name		Address		City		State		Zip	
Robert Johnson		789 Elm St		New York		New York		10001	
Date		Time		Day		Month		Year	
June 26, 1964		12:00 PM		Wednesday		June		1964	
Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Name		Address		City		State		Zip	
Mary White		321 Pine St		Los Angeles		California		90001	
Date		Time		Day		Month		Year	
June 27, 1964		1:00 PM		Thursday		June		1964	
Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Name		Address		City		State		Zip	
David Brown		654 Cedar St		Houston		Texas		77001	
Date		Time		Day		Month		Year	
June 28, 1964		2:00 PM		Friday		June		1964	
Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Name		Address		City		State		Zip	
Susan Green		987 Maple St		Phoenix		Arizona		85001	
Date		Time		Day		Month		Year	
June 29, 1964		3:00 PM		Saturday		June		1964	
Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Name		Address		City		State		Zip	
Michael Black		101 Birch St		San Francisco		California		94101	
Date		Time		Day		Month		Year	
June 30, 1964		4:00 PM		Sunday		June		1964	
Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

Handwritten signatures and notes across the bottom of the form, including "J. H. H. H." and "J. H. H. H.".

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AUG 16 1954

Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 132

Local Reg. No. 22

Reg. Dist. No. 360

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #1	
3. CHILD'S NAME (Type or Print) Susan Liede			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug 6 1954
7. FATHER'S NAME a. (First) Ernest b. (Middle) S c. (Last) Liede		COLOR OR RACE White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Lexington Nebr	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Leah b. (Middle) Liede c. (Last) Liede		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Dayton Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mrs Leah Liede			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 38.10	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES anencephalic (absence of cranial vault and vary small, undeveloped brain)	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Polyhydramnios		22. STATE ALL OPERATIONS FOR DELIVERY EPISiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Oake H. Haaver M.D.	
23b. DATE SIGNED 8/10/54		23c. ATTENDANT'S ADDRESS Davis-Warrick Funeral Home Caldwell, Idaho	
23d. DATE SIGNED 8/10/54		23e. TITLE Funeral Director	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 9, 1954	25c. NAME OF CEMETERY OR CREMATORY Middleton Camatery	25d. LOCATION (City, town, or county) (State) Middleton Idaho
DATE REC'D BY LOCAL REG. 8/19/54		REGISTRAR'S SIGNATURE Agnes M Denman	
26. FUNERAL DIRECTOR Davis-Warrick Funeral Home Caldwell, Idaho		ADDRESS Caldwell, Idaho	

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SEP 21 1954
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of IdahoState File No. 133
Local Reg. No. 46
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY CANYON		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY CANYON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALDWELL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALDWELL	
c. FULL NAME OF HOSPITAL OR INSTITUTION CALDWELL MEMORIAL HOSPITAL		d. STREET ADDRESS (If rural, give location) ROUTE 1 - BOX 85	
3. CHILD'S NAME (Type or Print) LAURIE ARAQUISTAIN			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) AUGUST 29 1954
7. FATHER'S NAME a. (First) PETE b. (Middle) ANDREW c. (Last) ARAQUISTAIN		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) JORDAN VALLEY, OREGON	11a. USUAL OCCUPATION SALES CLERK	11b. KIND OF BUSINESS OR INDUSTRY DEHYDRATING CO.
12. MOTHER'S MAIDEN NAME a. (First) JULE b. (Middle) FRANCIS c. (Last) ALEXANDER		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) PEORIA, ILLINOIS	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta 36.2 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:00 P.M.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Jester Shupe, M.D.		23b. DATE SIGNED 8/30/54
	23c. ATTENDANT'S ADDRESS If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE August 31, 1954	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 9/17/54		REGISTRAR'S SIGNATURE Agnes M. Denman	
26. FUNERAL DIRECTOR Peckham, D. Chapell, Caldwell, Idaho		ADDRESS	

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(1949 Edition of Standard Certificate)
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CERTIFICATE OF STILLBIRTH
SEP 4 1954 State of Idaho

State File No. 134
Local Reg. No. 36
Reg. Dist. No. 651

1. PLACE OF STILLBIRTH a. COUNTY Fremont		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY OR TOWN Ashton		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF HOSPITAL OR INSTITUTION Ashton Memorial Hospital		d. STREET ADDRESS Route 1	
3. CHILD'S NAME (Type or Print) x Leo Lloyd Cordon			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 6 1954
7. MOTHER'S NAME a. (First) Betty	b. (Middle) Lee	c. (Last) Cordon	8. COLOR OR RACE White
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Phoenix Arizona	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mabel	b. (Middle) LaVerla	c. (Last) Bressler	13. COLOR OR RACE White
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Leo Cordon Ashton, Idgo.	18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH LBS. 36.2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 2, 1954
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature separation of placenta		
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Recurrent uterine hemorrhage	
22. STATE ALL OPERATIONS FOR DELIVERY none		23a. ATTENDANT'S SIGNATURE Thomas Hansen M.D.	
23b. DATE SIGNED Aug. 19, 1954		24. SIGNATURE OF AUTHORIZED OFFICIAL James Kuer	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE August 14, 1954	
25c. NAME OF CEMETERY OR CREMATORY Ashton		25d. LOCATION (City, town, or county) (State) Idaho	
DATE REC'D BY LOCAL REG. 2 Sept 54		REGISTRAR'S SIGNATURE Mal Hansen	
26. FUNERAL DIRECTOR James Kuer		ADDRESS Ashton Idaho	

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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TO THE ADJUTANT GENERAL

WASHINGTON, D. C.

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 135

Local Reg. No. 13

Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY Idaho b. CITY OR TOWN Emmett c. FULL NAME OF HOSPITAL OR INSTITUTION Mary Secor Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gem c. CITY OR TOWN Emmett d. STREET ADDRESS (If rural, give location) 605 So. Commercial	
3. CHILD'S NAME (Type or Print) Mary Jo Kincaid			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8/3/54
7. FATHER'S NAME a. (First) Marvin b. (Middle) Albert c. (Last) Kincaid		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Barnumton, Missouri	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Boise-Payette Lbr. Mill
12. MOTHER'S MAIDEN NAME a. (First) Anna b. (Middle) Pauline c. (Last) Long		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Edwards, Missouri	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Anna Kincaid Mother			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 12 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. X Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) FALL ON ABDOMEN DAY PRIOR TO DELIVERY		20a. FETAL CAUSES 35.0	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE - EXCEPT AS IN JOB		22. STATE ALL OPERATIONS FOR DELIVERY NONE	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:45 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harmon C. Halverson M. D.	
23b. DATE SIGNED Aug. 10, 1954		23c. ATTENDANT'S ADDRESS Emmett, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Allen W. Batty		TITLE Health Officer	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE Aug. 5, 1954	25c. NAME OF CEMETERY OR CREMATORY Riverside	25d. LOCATION (City, town, or county) (State) Emmett, Idaho
26. FUNERAL DIRECTOR Betty Chapel		ADDRESS Emmett, Idaho	

Not a son.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

SEP 21 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics

State of Idaho

State File No. 136

Local Reg. No. 16

Reg. Dist. No. 340-391

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
3. CHILD'S NAME (Type or Print) <u>Joseph Edward Crawford</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug. 24, 1954</u>
7. FATHER'S NAME a. (First) <u>Elisha J. Crawford</u>		b. (Middle)	c. (Last)
9. AGE (At time of this birth) <u>23</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Cascade, Idaho</u>	11a. USUAL OCCUPATION <u>truck driver</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dona Marie Thompson</u>		b. (Middle)	c. (Last)
14. AGE (At time of this birth) <u>17</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	13. COLOR OR RACE <u>white</u>
17. INFORMANT <u>Elisha J. Crawford</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>PROLAPSE OF UMBILICAL CORD</u>		20a. FETAL CAUSES <u>PROLAPSE OF UMBILICAL CORD</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>PROLAPSE OF UMBILICAL CORD</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>Emmett</u> P. M.		23a. ATTENDANT'S SIGNATURE <u>Harrison C. Holmerson</u> 23c. ATTENDANT'S ADDRESS <u>EMMETT IDAHO</u>	23b. DATE SIGNED <u>9-1-54</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Harrison C. Holmerson</u> TITLE <u>M.D.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Aug. 26, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Sept 1, 1954</u> <u>J. A. Beatty</u>		26. FUNERAL DIRECTOR <u>The Beatty Chapel</u> <u>Emmett, Idaho</u>	

RECEIVED
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JAN 10 1964

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

ON: [Illegible]

BY: [Illegible]

DATE: [Illegible]

TIME: [Illegible]

PLACE: [Illegible]

REMARKS: [Illegible]

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PHS-797(VS)

4-48
FEDERAL BUREAU OF INVESTIGATION
PUBLIC HEALTH SERVICE
Division of Vital Statistics

AUG 23 1954

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 135
Local Reg. No. 215 (91153)
Reg. Dist. No. 140

1. PLACE OF STILLBIRTH a. COUNTY Jerome		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jerome	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1 Jerome	
c. FULL NAME OF HOSPITAL OR INSTITUTION StBenedicts Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Daniel Nelsen			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 20 1954
7. FATHER'S NAME a. (First) Jack b. (Middle) Harold c. (Last) Nelsen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Medford Oregon	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Joan b. (Middle) Catherine c. (Last) Sonnichsen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Wendell Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Jack Nelsen			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb. 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES separation placenta - infection	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:50 a.m.		23a. ATTENDANT'S SIGNATURE James E. Shattuck M.D. (Specify if M. D., midwife, or other) 23b. DATE SIGNED 8/23/54	
23c. ATTENDANT'S ADDRESS Jerome, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL FOR 2154 TITLE	
25a. BURIAL CREMATION REMOVAL (Specify) Burial	25b. DATE Aug 21, 1954	25c. NAME OF CEMETERY OR CREMATORY Jerome	25d. LOCATION (City, town, or county) (State) Jerome Idaho
DATE REC'D BY LOCAL REG. Aug. 23, 1954	REGISTRAR'S SIGNATURE Sister M. Rose, R.N.	26. FUNERAL DIRECTOR FOR 2154 ADDRESS Jerome Idaho	

DECLASSIFICATION

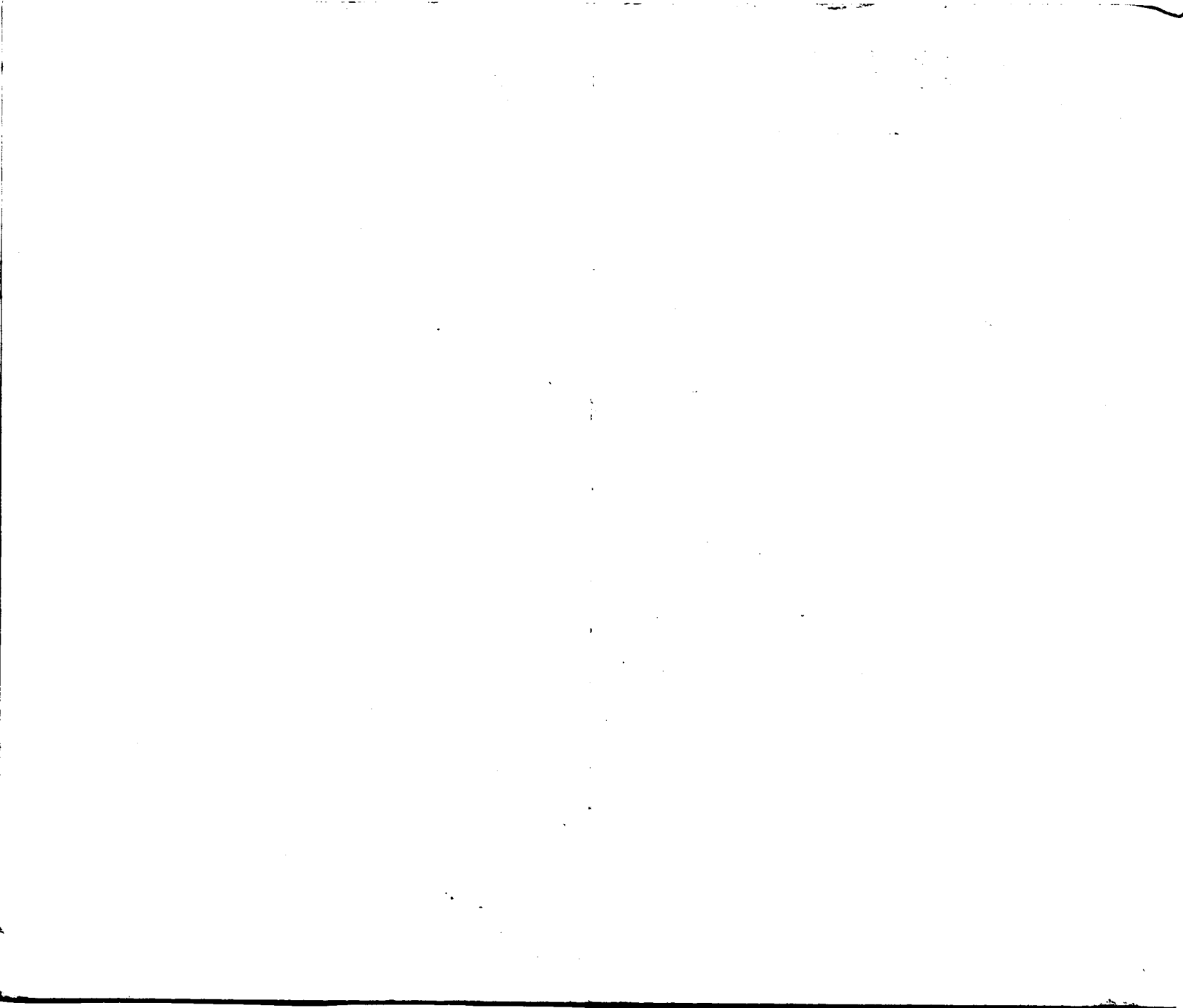
1. NAME OF THE PARTY 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE		6. OCCUPATION 7. EDUCATION 8. MARITAL STATUS 9. NUMBER OF CHILDREN		10. DATE OF BIRTH 11. SEX 12. RACE 13. RELIGION		14. POLITICAL AFFILIATION 15. SOCIAL SECURITY NUMBER 16. DRIVER'S LICENSE NUMBER		17. VEHICLE REGISTRATION 18. VEHICLE MAKE AND MODEL 19. VEHICLE YEAR		20. VEHICLE COLOR 21. VEHICLE VIN 22. VEHICLE LICENSE NUMBER	
23. SIGNATURE 24. DATE		25. SIGNATURE 26. DATE		27. SIGNATURE 28. DATE		29. SIGNATURE 30. DATE		31. SIGNATURE 32. DATE		33. SIGNATURE 34. DATE	

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(1949 Revision of Standard Certificate)
AUG 20 1954 CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 138
Local Reg. No. 169
Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christensen Maternity</u>		d. STREET ADDRESS (If rural, give location) <u>613 E</u>	
3. CHILD'S NAME (Type or Print) <u>Stillborn Baby Boy Doane</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>8 - 7 - 54</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>La Mar</u> c. (Last) <u>Doane</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rupert, Idaho</u>	11a. USUAL OCCUPATION <u>Foreman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Seed Ware house</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Geneva</u> b. (Middle) <u>Mae</u> c. (Last) <u>Stevenson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Acequia, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Geneva Stevenson</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH — LBS. — OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Intrauterine Death at 34 weeks</u> 20b. MATERNAL CAUSES <u>not known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:30 Am.</u>		23a. ATTENDANT'S SIGNATURE <u>Conall M. Elmore, M.D.</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>8/11/54</u>		23c. ATTENDANT'S ADDRESS <u>Rupert, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>E. J. Moore</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert H. Bradman</u> TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug 7 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG <u>8-11-1954</u>	REGISTRAR'S SIGNATURE <u>E. J. Moore</u>	26. FUNERAL DIRECTOR <u>E. J. Moore</u> ADDRESS <u>Rupert Idaho</u>	



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 139Local Reg. No. 159Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF BIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		d. STREET ADDRESS (If rural, give location) 2306 Main	
3. CHILD'S NAME (Type or Print) BABY GIRL MILL			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 5, 1954
7. FATHER'S NAME a. (First) Jay b. (Middle) c. (Last) Mill	8. COLOR OR RACE White		
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Southwick, Idaho	11a. USUAL OCCUPATION P. F. I.	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) c. (Last) Pulzin	13. COLOR OR RACE White		
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Spokane, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3	
17. INFORMANT Jay B. Mill			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date January 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOUR Polyhydramnios		22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:12 P. m.		23a. ATTENDANT'S SIGNATURE D. M. Mochley, M.D.	23b. DATE SIGNED 8/7/54
23c. ATTENDANT'S ADDRESS Lewiston, Idaho		23d. SIGNATURE OF AUTHORIZED OFFICIAL Dr. Mackey	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE August 7, 1954	25c. NAME OF CEMETERY OR CREMATORY Normal-Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 8-9-54	REGISTRAR'S SIGNATURE Gene Wegelins	26. FUNERAL DIRECTOR H. H. Malcom	Lewiston, Idaho

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RECEIVED CERTIFICATE OF STILLBIRTH

(1949 Revision of Standard Certificate)

SEP 16 1954

State of Idaho

State File No. 110

Local Reg. No. 485

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buhl	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital		d. STREET ADDRESS (If rural, give location) 221 South 7th Street	
3. CHILD'S NAME (Type or Print) Baby Boy Johnson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 24, 1954
7. FATHER'S NAME a. (First) Andrew b. (Middle) Johnson c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Sallisaw, Oklahoma	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY None
12. MOTHER'S MAIDEN NAME a. (First) Pearl b. (Middle) B. c. (Last) Maddox		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Cedervale, Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Andrew Johnson			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
18a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Obstruction of fetal circulation by a knot in cord. (Fetal Asphyxia)		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Vern H. Anderson, M.D.	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	23b. DATE SIGNED 9-1-54 TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug 26, 1954	25c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery	25d. LOCATION (City, town, or county) (State) Buhl Idaho
DATE REC'D BY LOCAL REG. Sept 2, 1954		26. FUNERAL DIRECTOR Raymond Nelson	ADDRESS Buhl, Idaho

1944-1945

1946-1947

1948-1949

1950-1951

1952-1953

1954-1955

1956-1957

1958-1959

1960-1961

1962-1963

1964-1965

1966-1967

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(1949 Revision of Standard Certificate)

OCT 9 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 141
Local Reg. No. 257
Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Gem	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett, Idaho Rt. #1			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or Print) Infant girl Wood					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9 25 54		
7. FATHER'S NAME a. (First) Frank		b. (Middle) Glenn		c. (Last) Wood	
9. AGE (At time of this birth) 32 YEARS		10. BIRTHPLACE (State or foreign country) Goodman, Missouri		11a. USUAL OCCUPATION Farmer	
				11b. KIND OF BUSINESS OR INDUSTRY Self Employed	
12. MOTHER'S MAIDEN NAME a. (First) Evelyn		b. (Middle) Nola		c. (Last) Angel	
14. AGE (At time of this birth) 32 YEARS		15. BIRTHPLACE (State or foreign country) Colorado		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Frank G. Wood - Father					
18a. LENGTH OF PREGNANCY 5 mo. WEEKS		18b. WEIGHT AT BIRTH 2 LBS. 11 OZS.		19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> No... <input type="checkbox"/> Approximate date April, 1954.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis fetalis			
		20b. MATERNAL CAUSES Rh negative blood, i sensitization.			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Fetal death at 29 weeks. Delivery at 33 weeks.			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) L.H. Brown		23b. DATE SIGNED 9.29.54	
23c. ATTENDANT'S ADDRESS Boise, Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE 9-30-54		25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	
				25d. LOCATION (City, town, or county) (State) Boise, Idaho	
DATE REC'D BY LOCAL REG. 10-1-54		REGISTRAR'S SIGNATURE Myrtle Palmer		26. FUNERAL DIRECTOR Eva W. Meyer	
				ADDRESS Boise Idaho	

TELEPHONE

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

OCT 11 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 292Local Reg. No. 511Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Pease</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 28, 1954</u>
7. FATHER'S NAME a. (First) <u>David</u> b. (Middle) <u>Thornley</u> c. (Last) <u>Pease</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rockland, Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>LeYonda</u> b. (Middle) <u>Mae</u> c. (Last) <u>Thompson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Malad, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>One</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>LeYonda Pease</u> Mother			
18a. LENGTH OF PREGNANCY <u>20+</u> WEEKS	18b. WEIGHT AT BIRTH <u>Not lbs done</u> ozs.	19. Was a standard serological test for syphilis performed? Yes. <u>X</u> No. <u> </u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u>	
		20b. MATERNAL CAUSES <u>Prenatal Rupture of Membranes</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:35 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Gene E. Auger M.D.</u>	
23b. DATE SIGNED <u>9-21-54</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Conway Grant</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>8-28-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rockland</u>	25d. LOCATION (City, town, or county) (State) <u>Rockland Cemetery, Idaho</u>
DATE REC'D BY LOCAL REG. <u>OCT 7 1954</u>		26. FUNERAL DIRECTOR <u>Hall-Grant Mortuary, Pocatello</u>	
REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>		ADDRESS <u>Conway Grant</u>	

Form with multiple sections and fields, heavily obscured by noise and artifacts. Visible text includes:

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RECEIVED

(1949 Revision of Standard Certificate)
SEP 28 1954 CERTIFICATE OF STILLBIRTH
State of Idaho
Division of Vital Statistics

State File No. 148
Local Reg. No. 232
Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall, Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) General Delivery	
3. CHILD'S NAME (Type or Print) Baby Boy Stone			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 14, 1954
7. FATHER'S NAME a. (First) Leonard b. (Middle) c. (Last) Stone		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lydia b. (Middle) c. (Last) George		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT Lydia Stone mother			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH not weighed LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9-15-54 - negative	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Placental abnormality -		20a. FETAL CAUSES Placental abnormality -	
20b. MATERNAL CAUSES None known -		20c. COAGULATION TEST mother Rh Pos. hR neg Coombs test negative	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:25 P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Lorretta Howard M.D.	
23b. DATE SIGNED 9-19-54		24. SIGNATURE OF AUTHORIZED OFFICIAL John P. Grossman	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 9-15-54	
25c. NAME OF CEMETERY OR CREMATORY Mountainview Cem		25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 27 1954 EG. Eva M. Wallin		26. FUNERAL DIRECTOR ADDRESS Thompson's Funeral Home Pocatello Idaho John P. Grossman	

RECEIVED

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

NAME		LAST		FIRST		MIDDLE	
DATE OF BIRTH		MONTH		DAY		YEAR	
PLACE OF BIRTH		CITY		STATE		COUNTRY	
EDUCATION		SCHOOL		DEGREE		YEAR	
OCCUPATION		EMPLOYER		ADDRESS		CITY	
MARRIAGE		DATE		PLACE		CITY	
CHILDREN		NAME		DATE OF BIRTH		PLACE OF BIRTH	
MILITARY SERVICE		BRANCH		RANK		DATE OF SERVICE	
REMARKS		REASON FOR APPLICATION		DATE OF APPLICATION		DATE OF DECISION	

(1949 Revision of Standard Certificate)

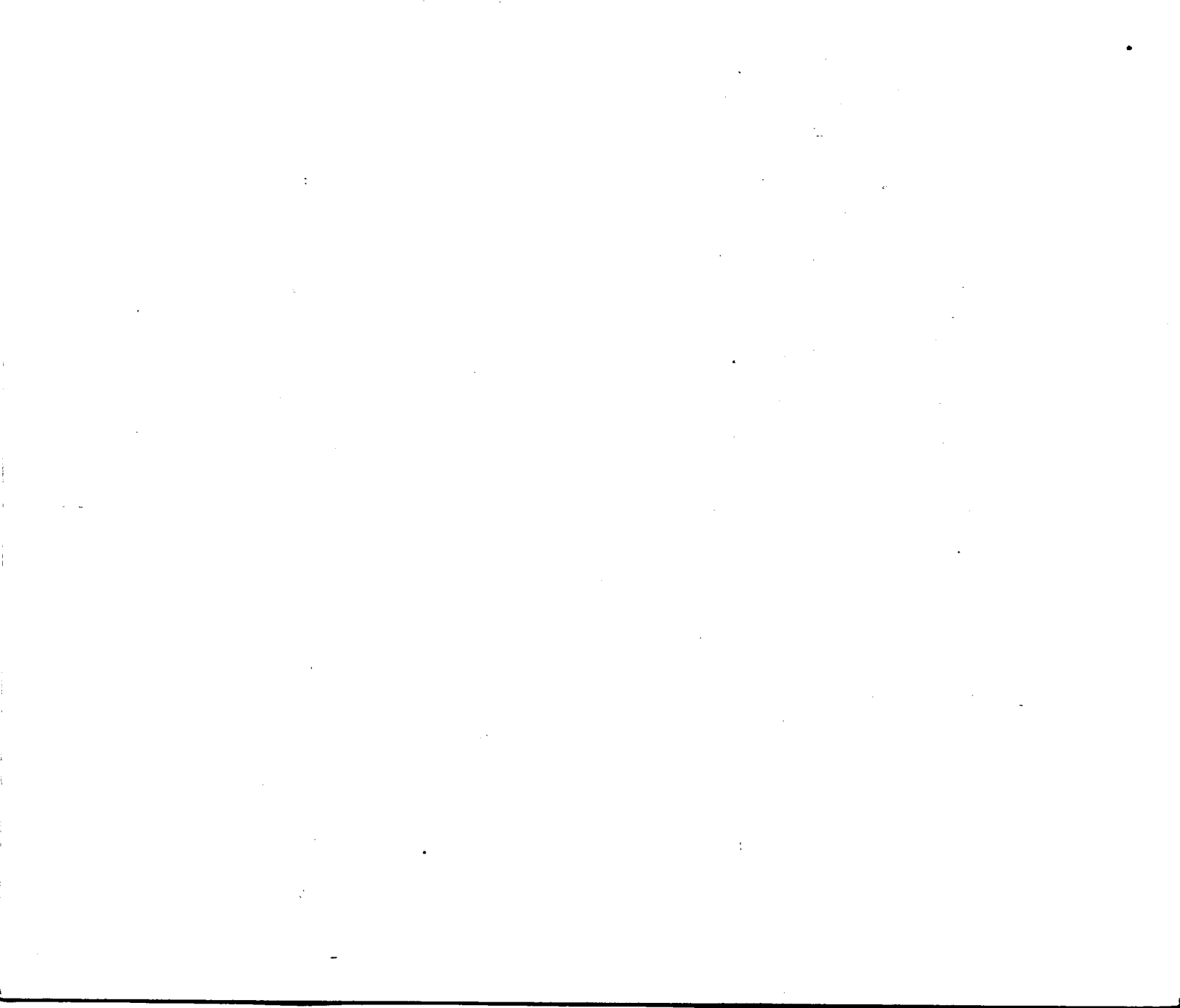
CERTIFICATE OF STILLBIRTH State of Idaho

State File No.

Local Reg. No. 87Reg. Dist. No. 10

1. PLACE OF STILLBIRTH a. COUNTY Bonner b. CITY (If outside corporate limits, write RURAL and give township) Sandpoint, c. FULL NAME OF HOSPITAL OR INSTITUTION Bonner General		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner c. CITY (If outside corporate limits, write RURAL and give township) Sandpoint, d. STREET ADDRESS (If rural, give location) 522 N. Washington	
3. CHILD'S NAME (Type or Print) Ray, (twin # 2)			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept 16, 1954
7. FATHER'S NAME a. (First) Alfred H. Ray b. (Middle) c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Hart, Michigan	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Woods
12. MOTHER'S MAIDEN NAME a. (First) Madeline May McGee b. (Middle) c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Patahah, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Alfred H. Ray (hus) Alfred H Ray			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 1 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9/6/54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity - 22 weeks gestation 20b. MATERNAL CAUSES Peritonitis, pelvic, secondary to attempted interruption by mother.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See 20b.		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William C Hayden M.D. 23b. DATE SIGNED 9/19/54 23c. ATTENDANT'S ADDRESS Sandpoint, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL Grace P. [Signature] TITLE REG.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE Sept 18 '54	25c. NAME OF CEMETERY OR CREMATORY Bonner General Hosp.	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REG. Sept 27, 1954	REGISTRAR'S SIGNATURE Grace P. [Signature]	26. FUNERAL DIRECTOR [Signature] ADDRESS Sandpoint, Idaho	

1st Twin Born alive & died



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 145
Local Reg. No. 201
Reg. Dist. No. 612

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) 442 East 19th Street	
3. CHILD'S NAME (Type or Print) Infant Empey			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 5, 1954
7. FATHER'S NAME a. (First) Ferren J. Empey		b. (Middle) c. (Last)	
9. AGE (At time of this birth) 34 YEARS		10. BIRTHPLACE (State or foreign country) Idaho	
11a. USUAL OCCUPATION Railroad Man		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) Nelda J. High		b. (Middle) c. (Last)	
13. COLOR OR RACE White		14. AGE (At time of this birth) 34 YEARS	
15. BIRTHPLACE (State or foreign country) Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Ferren J. Empey</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Brown Presentation</i>	
		20b. MATERNAL CAUSES <i>Premature Separation of Placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <i>Caesarian Section</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>G. C. Erickson M.D.</i>	
23b. DATE SIGNED 8-23-54		23c. ATTENDANT'S ADDRESS Idaho Falls	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Jack A. Wood</i>		TITLE Idaho Falls, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8/7/54	25c. NAME OF CEMETERY OR CREMATORY Ammon Cemetery	25d. LOCATION (City, town, or county) (State) Ammon, Idaho
DATE REC'D BY LOCAL REG. Sept. 20-54	REGISTRAR'S SIGNATURE <i>Anna Bridges</i>	26. GENERAL DIRECTOR <i>Jack A. Wood</i>	

RECEIVED

CERTIFICATE OF STATE

SEP 25 1934

State of Idaho

County of Blaine

Idaho

Idaho

Idaho Falls

Idaho Falls

443 East 19th Street

Idaho Falls

Infant Empoy

White

Idaho

Idaho

Idaho

Idaho

Idaho

Idaho

Idaho

Idaho

Idaho

Idaho

Idaho Falls

RECEIVED
OCT 11 1954
Division of Health Statistics

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 346
Local Reg. No. 206
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) 1935 South 5th Avenue	
3. CHILD'S NAME (Type or Print) Infant MILLS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 16, 1954
7. FATHER'S NAME a. (First) Travis b. (Middle) - c. (Last) Mills		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Nebraska	11a. USUAL OCCUPATION Attendant	11b. KIND OF BUSINESS OR INDUSTRY Service Station
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Alene c. (Last) Baker		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Travis Mills			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 3 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Separation of placenta 36.2	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE [Signature] (Specify if M. D., midwife, or other) M. D.	
23b. DATE SIGNED 29 Sept 54		23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]		25. FUNERAL DIRECTOR [Signature]	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 17, 1954	25c. NAME OF CEMETERY OR CREMATORY Rose Hill	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. Oct. 7-1954	REGISTRAR'S SIGNATURE [Signature]	ADDRESS Idaho Falls, Idaho	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

1. NAME (Last, first, middle initial) John Edgar Hoover		2. DATE OF BIRTH March 17, 1895	
3. PLACE OF BIRTH Alton, Illinois		4. PRESENT ADDRESS Washington, D. C.	
5. OCCUPATION Director, Federal Bureau of Investigation		6. EDUCATION Harvard University, Bachelor of Science, 1916	
7. MARITAL STATUS Married		8. NUMBER OF DEPENDENTS None	
9. RELIGION Methodist		10. POLITICAL AFFILIATION None	
11. EMPLOYMENT HISTORY (Last three years) Director, Federal Bureau of Investigation, 1935-Present		12. REFERENCES (Last three years) None	
13. CHARACTER OF SERVICE Excellent		14. REASON FOR LEAVING Retirement	
15. DATE OF DEPARTURE June 30, 1962		16. DATE OF REENTRY None	
17. SIGNATURE John Edgar Hoover		18. OFFICIAL USE None	
19. SPECIAL AGENT IN CHARGE None		20. SPECIAL AGENT IN CHARGE None	
21. SPECIAL AGENT IN CHARGE None		22. SPECIAL AGENT IN CHARGE None	
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95. SPECIAL AGENT IN CHARGE None		96. SPECIAL AGENT IN CHARGE None	
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99. SPECIAL AGENT IN CHARGE None		100. SPECIAL AGENT IN CHARGE None	

See Page 2

RECEIVED

SEP 18 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

State File No. 847

Local Reg. No. 98

Reg. Dist. No. 36 D

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Caldwell

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Caldwell Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Canyon

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rt 6 Caldwell

d. STREET
ADDRESS

(If rural, give location)

Near Huston Idaho

3. CHILD'S NAME

(Type or Print)

Randy Gay Lamney

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

9 7 54

7. FATHER'S NAME

a. (First)

Cedric

b. (Middle)

Ernest

c. (Last)

Lamney

8. COLOR OR RACE

White

9. AGE (At time of this birth)

28 YEARS

10. BIRTHPLACE (State or foreign country)

Kansas

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

Cnootham's Seed Co.

12. MOTHER'S MAIDEN NAME

a. (First)

Floy

b. (Middle)

Mabel

c. (Last)

Atwood

13. COLOR OR RACE

White

14. AGE (At time of this birth)

24 YEARS

15. BIRTHPLACE (State or foreign country)

Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

2

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Floy Lamney (Mother)

18a. LENGTH OF PREGNANCY

40 WEEKS

18b. WEIGHT AT BIRTH

7 LBS. 1/2 OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

none

20b. MATERNAL CAUSES

Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:00 p.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

222 E Logan

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

9-8-54

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Sept. 11/54

25c. NAME OF CEMETERY OR CREMATORY

Canyon Hill Cemetery

25d. LOCATION (City, town, or county)

Caldwell,

(State)

Idaho

DATE REC'D BY LOCAL REG.

9/11/54

REGISTRAR'S SIGNATURE

Agnes M. Denman

26. FUNERAL DIRECTOR

Davis-Werrick Funeral Home Caldwell, Idaho

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 362

RECEIVED

OCT 3 1954

Division of Vital Statistics

1. PLACE OF STILLBIRTH

a. COUNTY Canyon

b. CITY (If outside corporate limits, write name and give township)
OR
TOWN Nampac. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Samaritan Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho b. COUNTY Canyon

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampad. STREET ADDRESS (If rural, give location)
908 15th Ave So.

3. CHILD'S NAME

(Type or Print)

Infant Johnson

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

August 7 1954

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Paul

W

Johnson

White

9. AGE (At time of this birth)

38 YEARS

10. BIRTHPLACE (State or foreign country)

Midvale, Idaho

11a. USUAL OCCUPATION

Grade School Principal

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Helen

Rogers

White

14. AGE (At time of this birth)

34 YEARS

15. BIRTHPLACE (State or foreign country)

Richland, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

18a. LENGTH OF PREGNANCY

20 WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes. No.

Approximate date

9-15-53

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

No known cause

39.6

20b. MATERNAL CAUSES

No known cause

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8p. m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

Nampa Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

25b. DATE

August 12, 54

25c. NAME OF CEMETERY OR CREMATORY

Alsip Chapel

25d. LOCATION (City, town, or county)

Nampa

(State)

Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

Nampa, Idaho

Alsip Funeral Chapel

UNITED STATES GOVERNMENT
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF ENGINEERS
WASHINGTON, D. C.

1. NAME OF THE PROJECT		2. DATE OF REPORT	
3. TITLE OF THE PROJECT		4. AUTHOR	
5. SUMMARY		6. ABSTRACT	
7. INTRODUCTION		8. MATERIALS AND METHODS	
9. RESULTS		10. DISCUSSION	
11. CONCLUSIONS		12. REFERENCES	
13. APPENDICES		14. NOTES	
15. DISTRIBUTION STATEMENT		16. SECURITY CLASSIFICATION	
17. FUNDING NUMBERS		18. DISTRIBUTION STATEMENT	
19. FUNDING NUMBERS		20. DISTRIBUTION STATEMENT	
21. FUNDING NUMBERS		22. DISTRIBUTION STATEMENT	
23. FUNDING NUMBERS		24. DISTRIBUTION STATEMENT	
25. FUNDING NUMBERS		26. DISTRIBUTION STATEMENT	
27. FUNDING NUMBERS		28. DISTRIBUTION STATEMENT	
29. FUNDING NUMBERS		30. DISTRIBUTION STATEMENT	
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33. FUNDING NUMBERS		34. DISTRIBUTION STATEMENT	
35. FUNDING NUMBERS		36. DISTRIBUTION STATEMENT	
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43. FUNDING NUMBERS		44. DISTRIBUTION STATEMENT	
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51. FUNDING NUMBERS		52. DISTRIBUTION STATEMENT	
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97. FUNDING NUMBERS		98. DISTRIBUTION STATEMENT	
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RECEIVED

CERTIFICATE OF STILLBIRTH

OCT 2 1954 State of Idaho

State File No. 35
Local Reg. No. 386
Reg. Dist. No. 386

1. PLACE OF STILLBIRTH a. COUNTY ELMORE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE, IDA.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION USAF HOSP, MT. HOME AFB, IDA.		d. STREET ADDRESS (If rural, give location) 125 BENNETT HOUSING	
3. CHILD'S NAME (Type or Print) SANDRA LYNN LUCEY			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) SEP 24 1954
7. FATHER'S NAME a. (First) WILLIAM b. (Middle) FRANCIS c. (Last) LUCEY		8. COLOR OR RACE CAU	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) KY., LOUISVILLE	11a. USUAL OCCUPATION USAF (AIRMAN)	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) MARGARET b. (Middle) IRENE c. (Last) BARANKO		13. COLOR OR RACE CAU	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) NEBR., ALIBIAN	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? TWO	
17. INFORMANT WILLIAM FRANCIS LUCEY (FATHER)			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 1 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) NONE		20a. FETAL CAUSES NONE	
		20b. MATERNAL CAUSES PREMATURE LABOR	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR PREMATURE SEPARATION OF THE PLACENTA		22. STATE ALL OPERATIONS FOR DELIVERY SPONTANEOUS	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) Q. L. Hartzel MD	
23b. DATE SIGNED 24 SEP 1954		24. SIGNATURE OF AUTHORIZED OFFICIAL Donald D. M. Gill	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		25b. DATE 9-29-54	25c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW
		25d. LOCATION (City, town, or county) MOUNTAIN HOME, IDA.	(State)
DATE REC'D BY LOCAL REG. Sept 30 1954		26. FUNERAL DIRECTOR ADDRESS BEY MORTUARY MT. HOME, IDAHO	

RECEIVED

(1949 Revision of Standard Certificate)

SEP 13 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

State File No. 150

Local Reg. No. 36

Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY IDAHO		2. USUAL RESIDENCE OF MOTHER (Where born or lived?) a. STATE IDAHO b. COUNTY IDAHO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANGEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANGEVILLE	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION GENERAL		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) JOSEPH Mc HUGH			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 3, 1954
7. FATHER'S NAME a. (First) John b. (Middle) L. c. (Last) McHugh		8. COLOR OR RACE white	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Fenn, Idaho	11a. USUAL OCCUPATION serviceman	11b. KIND OF BUSINESS OR INDUSTRY Auto
12. MOTHER'S MAIDEN NAME a. (First) Carol b. (Middle) Grace c. (Last) Riggs		13. COLOR OR RACE white	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Nampa, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT John L. McHugh			
18a. LENGTH OF PREGNANCY 21 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7 April 54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Died in utero - several days prior to delivery		20b. MATERNAL CAUSES 39.6	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 week 3 threatened abortion - may 1954		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Donald Saltman M.D.	
23b. DATE SIGNED 3 Sept 54		23c. ATTENDANT'S ADDRESS Grangeville, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL James Peterson		TITLE Grangeville, Idaho	
25a. BURIAL CREMATION REMOVAL (Specify) buried	25b. DATE Sept. 3, 1954	25c. NAME OF CEMETERY OR CREMATORY Prairieview	25d. LOCATION (City, town, or county) (State) Grangeville, Idaho
DATE REC'D BY LOCAL REG. Sept 8, 1954		REGISTRAR'S SIGNATURE Irma Cone	
26. FUNERAL DIRECTOR James Peterson		ADDRESS Grangeville, Ida	

UNITED STATES

DECLARATION OF INTEREST

1964

STATE OF

COUNTY OF

CITY OF

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(1949 Revision of Standard Certificate)

SEP 30 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 151

Local Reg. No. 4

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Beneviah	
b. CITY OR TOWN Coeur d' Alene		c. CITY OR TOWN St. Maries	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) 140-S-6th, St.	
3. CHILD'S NAME (Type or Print) Deborah Kay Sturman			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 14, 1954
7. FATHER'S NAME a. (First) Edward b. (Middle) Leroy c. (Last) Sturman		8. COLOR OR RACE W	
9. AGE (At time of this birth) 18 YEARS	10. BIRTHPLACE (State or foreign country) Montana	11a. USUAL OCCUPATION Store Clerk	11b. KIND OF BUSINESS OR INDUSTRY Groceries
12. MOTHER'S MAIDEN NAME a. (First) Gatherin b. (Middle) Ann c. (Last) Alderman		13. COLOR OR RACE W	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) St. Maries, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT E. E. Sturman			
18a. LENGTH OF PREGNANCY 29 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 36.5	
		20b. MATERNAL CAUSES Possible infarction of placenta.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY None.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William T. Wood, M.D.	
		23b. DATE SIGNED 9-24-54.	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 9-16-54	
25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery		25d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho	
DATE REC'D BY LOCAL REG. 9-27-54		25. FUNERAL DIRECTOR ADDRESS Don English, Coeur d' Alene, Idaho	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY

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RECEIVED (1949 Revision of Standard Certificate)
SEP 27 1954
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 151
Local Reg. No. 107
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>634 No. Hayes St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Conitz</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept 13 1954</u>
7. FATHER'S NAME a. (First) <u>Merrill</u> b. (Middle) <u>Conitz</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>New Salem, N.D.</u>	11a. USUAL OCCUPATION <u>Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>School</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>VanHouten</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Indianapolis, Ind.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Merrill Conitz</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>9</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec 16, 1953</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Umbilical Cord entanglement</u>		
	20b. MATERNAL CAUSES <u>none</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cord entanglement</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Espe. & outlet forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:45 P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>P. Stephens M.D.</u>	
23b. ATTENDANT'S ADDRESS <u>Moscow</u>		23c. DATE SIGNED <u>9-16-54</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. J. Smith</u>		TITLE <u>Physician</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9-18-1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>9/22/54</u>	REGISTRAR'S SIGNATURE <u>Sam E. Angel</u>	26. FUNERAL DIRECTOR <u>Smith & Son</u> ADDRESS <u>Moscow, Idaho</u>	

RECORDS OF THE DEPARTMENT OF THE ARMY

Serial 1-1-2

General Order

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RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 38
Reg. Dist. No. 630

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>173 North 2nd East</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 18, 1954</u>
7. FATHER'S NAME a. (First) <u>Fred</u> b. (Middle) <u>D.</u> c. (Last) <u>Shirley, Jr.</u>		8. COLOR OR RACE <u>Cauc.</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	11a. USUAL OCCUPATION <u>Surveyor</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>State Highway Dept.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Bernice</u> b. (Middle) <u>**</u> c. (Last) <u>Weber</u>		13. COLOR OR RACE <u>Cauc.</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Bernice W. Shirley</u> Mother			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May, 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown. Fetal Death occurred approximately 5 weeks prior to delivery</u>	
20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:10 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Blaine H. Barry M.D.</u>	
23b. DATE SIGNED <u>9/18/54</u>		23c. ATTENDANT'S ADDRESS <u>Rexburg, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leona Flamm</u>		23e. TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>9/18/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Madison Memorial Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Rexburg, Idaho</u>
DATE REC'D BY LOCAL REG <u>9-20-54</u>		26. FUNERAL DIRECTOR ADDRESS <u>Leona Flamm</u>	

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DEPARTMENT OF
BUREAU OF

STATE

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(1949 Revision of Standard Certificate)

9047 8.354 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 53

Reg. Dist. No. 250

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<i>Mundoh</i>	a. STATE	<i>Idaho</i>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	<i>Reupert</i>	b. COUNTY	<i>Jerome</i>
c. FULL NAME OF (If born in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	<i>Christman Mining House</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	<i>Reupert</i>
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	

4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH <i>September 25 1954</i>
7. FATHER'S NAME	a. (First) <i>Edwin</i>	b. (Middle) <i>Willis</i>	c. (Last) <i>Stegile</i>
9. AGE (At time of this birth) <i>43</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Hemingford, Neb.</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>
12. MOTHER'S MAIDEN NAME	a. (First) <i>Ida</i>	b. (Middle) <i>Marie</i>	c. (Last) <i>Gashwin</i>
14. AGE (At time of this birth) <i>34</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Connersville, Ind.</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <i>Edwin W. Stegile</i>	a. How many children are now living? <i>2</i>	b. How many children were born alive but are now dead? <i>0</i>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>
18a. LENGTH OF PREGNANCY <i>30</i> WEEKS	18b. WEIGHT AT BIRTH <i>3</i> LBS. <i>0</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>39.4</i>	

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Malformed fetus - cause not known</i>
20b. MATERNAL CAUSES	

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>William M. ...</i>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <i>10-2-54</i>
	23c. ATTENDANT'S ADDRESS	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Reupert</i>
TITLE			

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>Sept. 25 1954</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Reupert</i>	25d. LOCATION (City, town, or county) (State) <i>Reupert Idaho</i>
DATE REC'D BY LOCAL REG. <i>10-2-54</i>	REGISTRAR'S SIGNATURE <i>W. H. Moore</i>	26. FUNERAL DIRECTOR <i>Robert E. Goodman</i>	ADDRESS <i>Reupert Idaho</i>

STATE OF NEW YORK

IN SENATE

January 1, 1900

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REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

ENDING

DECEMBER 31, 1899

ALBANY:

PRINTED BY

THE STATE PRINTING OFFICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. _____

Local Reg. No. 188Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Nez Perce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston,</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		d. STREET ADDRESS (If rural, give location) <u>620-- 8th Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Lindsey</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug. 31, 1954</u>
7. FATHER'S NAME a. (First) <u>Dorman</u> b. (Middle) <u>D.</u> c. (Last) <u>Lindsey</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Graniti, Oklo.</u>	11a. USUAL OCCUPATION <u>Brakeman (R R)</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Rail road</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Delores</u> b. (Middle) <u>Ann</u> c. (Last) <u>Lewis</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lewiston,</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>3</u>	
17. INFORMANT <u>Delores Lindsey Lewiston,</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>8/30/54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES <u>—</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Intermittent bleeding since conceptus</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:00 p.m.</u>	23a. ATTENDANT'S SIGNATURE <u>Dr. Mackey, M.D.</u>		23b. DATE SIGNED <u>9/13/54</u>
	23c. ATTENDANT'S ADDRESS <u>Lewiston, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Dr. Mackey</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9-13-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>9-13-54</u>	REGISTRAR'S SIGNATURE <u>Jean Negelins</u>	26. FUNERAL DIRECTOR <u>Brower-Wann</u> ADDRESS <u>Lewiston, Idaho</u>	

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(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

State File No. 156

Local Reg. No. 189

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <i>Nez Perce</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Nez Perce</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lewiston</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lewiston</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St Joseph's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1420 - Ripon</i>	
3. CHILD'S NAME (Type or Print) <i>Inf. Son of Mr & Mrs R. CROOKS</i>			
4. SEX <i>male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>9 4 54</i>
7. FATHER'S NAME a. (First) <i>Raymond</i> b. (Middle) c. (Last) <i>Crooks</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>32</i> YEARS		10. BIRTHPLACE (State or foreign country) <i>Lehigh, Wash.</i>	
11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <i>Joan</i> b. (Middle) c. (Last) <i>Campbell</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>26</i> YEARS		15. BIRTHPLACE (State or foreign country) <i>Reed Port, Ore.</i>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>4</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>			
17. INFORMANT <i>R. C. Crooks</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Placental insufficiency</i>	
		20b. MATERNAL CAUSES <i>Premature rupture of membrane</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Andrew G. Vassar</i>	
23b. DATE SIGNED <i>Sept 7 - 54</i>		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Andrew G. Vassar</i>		TITLE <i>Lewiston</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 17 - 54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Normal Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Lewiston Idaho</i>
DATE REC'D BY LOCAL REG. <i>9-16-54</i>		REGISTRAR'S SIGNATURE <i>Jean Wegelin</i>	
25. FUNERAL DIRECTOR <i>Andrew G. Vassar</i>		ADDRESS <i>Lewiston</i>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

OCT 11 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

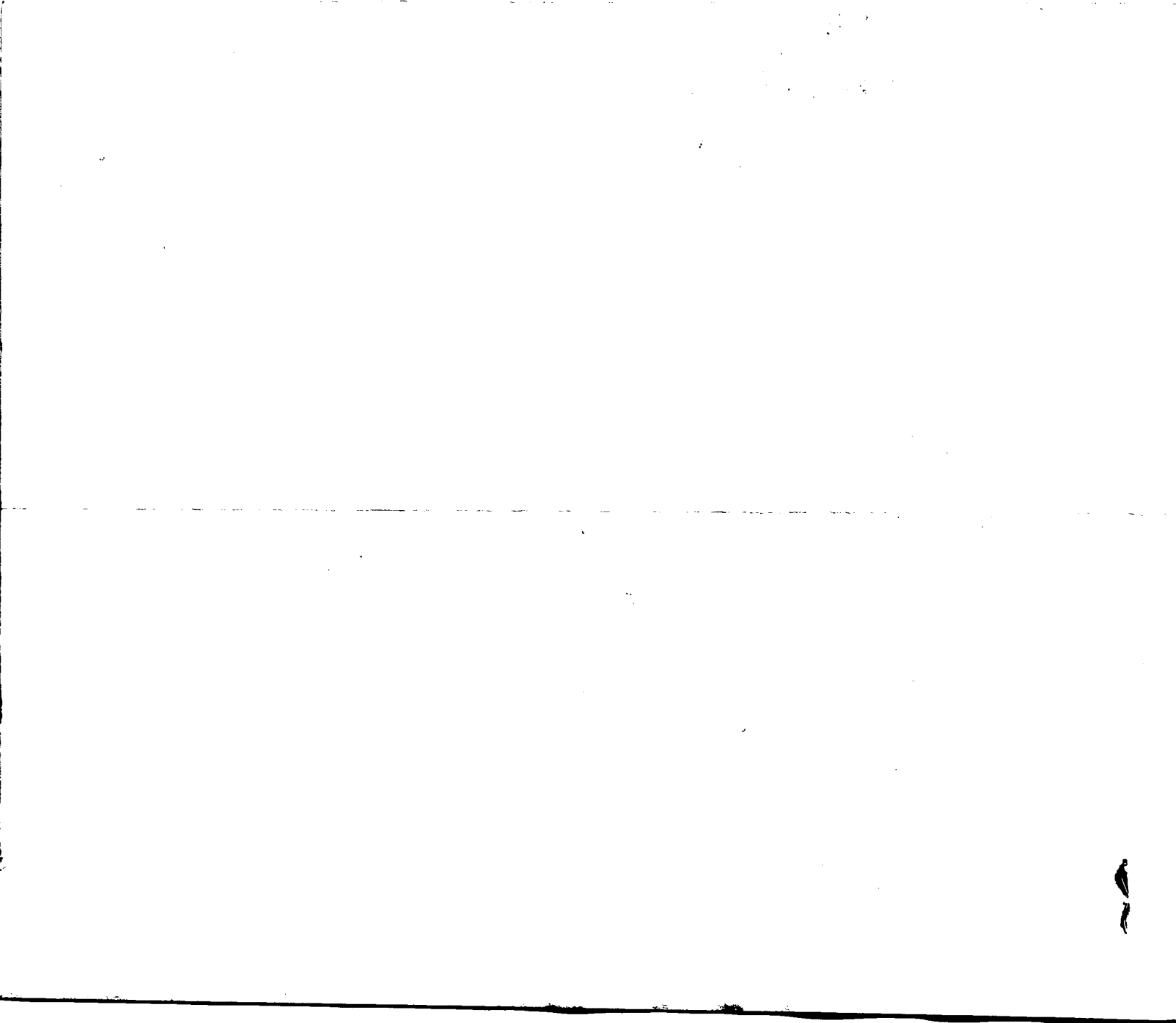
State of Idaho

State File No. 157

Local Reg. No. 60

Reg. Dist. No. 36-1

1. PLACE OF STILLBIRTH a. COUNTY <u>Owyhee</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Mexico</u> b. COUNTY <u>Guadalupe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - near Marsing</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>—</u>			
4. SEX <u>07</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>9-19-1954</u>
7. FATHER'S NAME a. (First) <u>Nemecio</u> b. (Middle) <u>MONUZ</u> c. (Last) <u>Mexican</u>		8. COLOR OR RACE <u>Mexican</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Mexico</u>	11a. USUAL OCCUPATION <u>Labor</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Sara</u> b. (Middle) <u>MONUZ</u> c. (Last) <u>Mexican</u>		13. COLOR OR RACE <u>Mexican</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mexico</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>III</u> b. How many children were born alive but are now dead? <u>I</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>43</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u>✓</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Caput - Soft - Not fully developed. 39.5</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:15 P.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Berben C. Gessels M.D.</u>	
23b. DATE SIGNED <u>23 Sept '54</u>		23c. ATTENDANT'S ADDRESS <u>Homedale, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Agnes M. Henman</u>		23e. TITLE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>20 Sept '54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>?</u>	24d. LOCATION (City, town, or county) (State) <u>?</u>
DATE REC'D BY LOCAL REG. <u>10-1-54</u>		26. FUNERAL DIRECTOR ADDRESS	



Division of Vital Statistics

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(1949 Revision of Standard Certificate)

OCT 8 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 58

Local Reg. No. 573

Reg. Dist. No. 461

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls County</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDA</u> b. COUNTY <u>Twin Falls</u>	
b. CITY OR TOWN <u>Twin Falls, IDA</u>		c. CITY OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Magic Valley Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>1530 Kimberly Road</u>	
3. CHILD'S NAME (Type or Print) <u>Charles John Ingram</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>9-19-54</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>J</u> c. (Last) <u>Ingram</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>IND.</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Rose Marie</u> b. (Middle) <u>Merren</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>IND.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Rose Marie Ingram</u> <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>19</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>15</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <u>1</u> No. <u>0</u> Approximate date <u>8-20-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature</u> <u>39.5</u>	
		20b. MATERNAL CAUSES <u>Premature del.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Edward C. Luke</u>	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>September 20, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS	

000000 to 000000

Form 100-1 (Rev. 1-25-60)

1. NAME (Last, first, middle initial)
John Edward Smith

2. DATE OF BIRTH (Month, day, year)
03/15/1925

3. SEX
Male

4. RACE
White

5. HEIGHT (Feet, inches)
5' 10"

6. WEIGHT (Pounds)
175

7. EYES
Blue

8. HAIR
Brown

9. COMPLEXION
Fair

10. BLOOD TYPE
O+

11. SOCIAL SECURITY NUMBER
1-23-456789

12. CURRENT ADDRESS (Street, city, state, zip)
123 Main St, New York, NY 10001

13. PREVIOUS ADDRESSES (Street, city, state, zip)
456 Elm St, New York, NY 10002

14. OCCUPATION
Student

15. EDUCATION
High School Graduate

16. MARITAL STATUS
Single

17. DATE OF MARRIAGE (Month, day, year)
None

18. NAME OF SPOUSE (Last, first, middle initial)
None

19. DATE OF DIVORCE (Month, day, year)
None

20. NAME OF CHILDREN (Last, first, middle initial)
None

21. DATE OF BIRTH (Month, day, year)
None

22. SEX
None

23. RACE
None

24. HEIGHT (Feet, inches)
None

25. WEIGHT (Pounds)
None

26. EYES
None

27. HAIR
None

28. COMPLEXION
None

29. BLOOD TYPE
None

30. SOCIAL SECURITY NUMBER
None

31. CURRENT ADDRESS (Street, city, state, zip)
None

32. PREVIOUS ADDRESSES (Street, city, state, zip)
None

33. OCCUPATION
None

34. EDUCATION
None

35. MARITAL STATUS
None

36. DATE OF MARRIAGE (Month, day, year)
None

37. NAME OF SPOUSE (Last, first, middle initial)
None

38. DATE OF DIVORCE (Month, day, year)
None

39. NAME OF CHILDREN (Last, first, middle initial)
None

40. DATE OF BIRTH (Month, day, year)
None

41. SEX
None

42. RACE
None

43. HEIGHT (Feet, inches)
None

44. WEIGHT (Pounds)
None

45. EYES
None

46. HAIR
None

47. COMPLEXION
None

48. BLOOD TYPE
None

49. SOCIAL SECURITY NUMBER
None

50. CURRENT ADDRESS (Street, city, state, zip)
None

51. PREVIOUS ADDRESSES (Street, city, state, zip)
None

52. OCCUPATION
None

53. EDUCATION
None

54. MARITAL STATUS
None

55. DATE OF MARRIAGE (Month, day, year)
None

56. NAME OF SPOUSE (Last, first, middle initial)
None

57. DATE OF DIVORCE (Month, day, year)
None

58. NAME OF CHILDREN (Last, first, middle initial)
None

59. DATE OF BIRTH (Month, day, year)
None

60. SEX
None

61. RACE
None

62. HEIGHT (Feet, inches)
None

63. WEIGHT (Pounds)
None

64. EYES
None

65. HAIR
None

66. COMPLEXION
None

67. BLOOD TYPE
None

68. SOCIAL SECURITY NUMBER
None

69. CURRENT ADDRESS (Street, city, state, zip)
None

70. PREVIOUS ADDRESSES (Street, city, state, zip)
None

71. OCCUPATION
None

72. EDUCATION
None

73. MARITAL STATUS
None

74. DATE OF MARRIAGE (Month, day, year)
None

75. NAME OF SPOUSE (Last, first, middle initial)
None

76. DATE OF DIVORCE (Month, day, year)
None

77. NAME OF CHILDREN (Last, first, middle initial)
None

78. DATE OF BIRTH (Month, day, year)
None

79. SEX
None

80. RACE
None

81. HEIGHT (Feet, inches)
None

82. WEIGHT (Pounds)
None

83. EYES
None

84. HAIR
None

85. COMPLEXION
None

86. BLOOD TYPE
None

87. SOCIAL SECURITY NUMBER
None

88. CURRENT ADDRESS (Street, city, state, zip)
None

89. PREVIOUS ADDRESSES (Street, city, state, zip)
None

90. OCCUPATION
None

91. EDUCATION
None

92. MARITAL STATUS
None

93. DATE OF MARRIAGE (Month, day, year)
None

94. NAME OF SPOUSE (Last, first, middle initial)
None

95. DATE OF DIVORCE (Month, day, year)
None

96. NAME OF CHILDREN (Last, first, middle initial)
None

97. DATE OF BIRTH (Month, day, year)
None

98. SEX
None

99. RACE
None

100. HEIGHT (Feet, inches)
None

101. WEIGHT (Pounds)
None

102. EYES
None

103. HAIR
None

104. COMPLEXION
None

105. BLOOD TYPE
None

106. SOCIAL SECURITY NUMBER
None

107. CURRENT ADDRESS (Street, city, state, zip)
None

108. PREVIOUS ADDRESSES (Street, city, state, zip)
None

109. OCCUPATION
None

110. EDUCATION
None

111. MARITAL STATUS
None

112. DATE OF MARRIAGE (Month, day, year)
None

113. NAME OF SPOUSE (Last, first, middle initial)
None

114. DATE OF DIVORCE (Month, day, year)
None

115. NAME OF CHILDREN (Last, first, middle initial)
None

116. DATE OF BIRTH (Month, day, year)
None

117. SEX
None

118. RACE
None

119. HEIGHT (Feet, inches)
None

120. WEIGHT (Pounds)
None

121. EYES
None

122. HAIR
None

123. COMPLEXION
None

124. BLOOD TYPE
None

125. SOCIAL SECURITY NUMBER
None

126. CURRENT ADDRESS (Street, city, state, zip)
None

127. PREVIOUS ADDRESSES (Street, city, state, zip)
None

128. OCCUPATION
None

129. EDUCATION
None

130. MARITAL STATUS
None

131. DATE OF MARRIAGE (Month, day, year)
None

132. NAME OF SPOUSE (Last, first, middle initial)
None

133. DATE OF DIVORCE (Month, day, year)
None

134. NAME OF CHILDREN (Last, first, middle initial)
None

135. DATE OF BIRTH (Month, day, year)
None

136. SEX
None

137. RACE
None

138. HEIGHT (Feet, inches)
None

139. WEIGHT (Pounds)
None

140. EYES
None

141. HAIR
None

142. COMPLEXION
None

143. BLOOD TYPE
None

144. SOCIAL SECURITY NUMBER
None

145. CURRENT ADDRESS (Street, city, state, zip)
None

146. PREVIOUS ADDRESSES (Street, city, state, zip)
None

147. OCCUPATION
None

148. EDUCATION
None

149. MARITAL STATUS
None

150. DATE OF MARRIAGE (Month, day, year)
None

151. NAME OF SPOUSE (Last, first, middle initial)
None

152. DATE OF DIVORCE (Month, day, year)
None

153. NAME OF CHILDREN (Last, first, middle initial)
None

154. DATE OF BIRTH (Month, day, year)
None

155. SEX
None

156. RACE
None

157. HEIGHT (Feet, inches)
None

158. WEIGHT (Pounds)
None

159. EYES
None

160. HAIR
None

161. COMPLEXION
None

162. BLOOD TYPE
None

163. SOCIAL SECURITY NUMBER
None

164. CURRENT ADDRESS (Street, city, state, zip)
None

165. PREVIOUS ADDRESSES (Street, city, state, zip)
None

166. OCCUPATION
None

167. EDUCATION
None

168. MARITAL STATUS
None

169. DATE OF MARRIAGE (Month, day, year)
None

170. NAME OF SPOUSE (Last, first, middle initial)
None

171. DATE OF DIVORCE (Month, day, year)
None

172. NAME OF CHILDREN (Last, first, middle initial)
None

173. DATE OF BIRTH (Month, day, year)
None

174. SEX
None

175. RACE
None

176. HEIGHT (Feet, inches)
None

177. WEIGHT (Pounds)
None

178. EYES
None

179. HAIR
None

180. COMPLEXION
None

181. BLOOD TYPE
None

182. SOCIAL SECURITY NUMBER
None

183. CURRENT ADDRESS (Street, city, state, zip)
None

184. PREVIOUS ADDRESSES (Street,

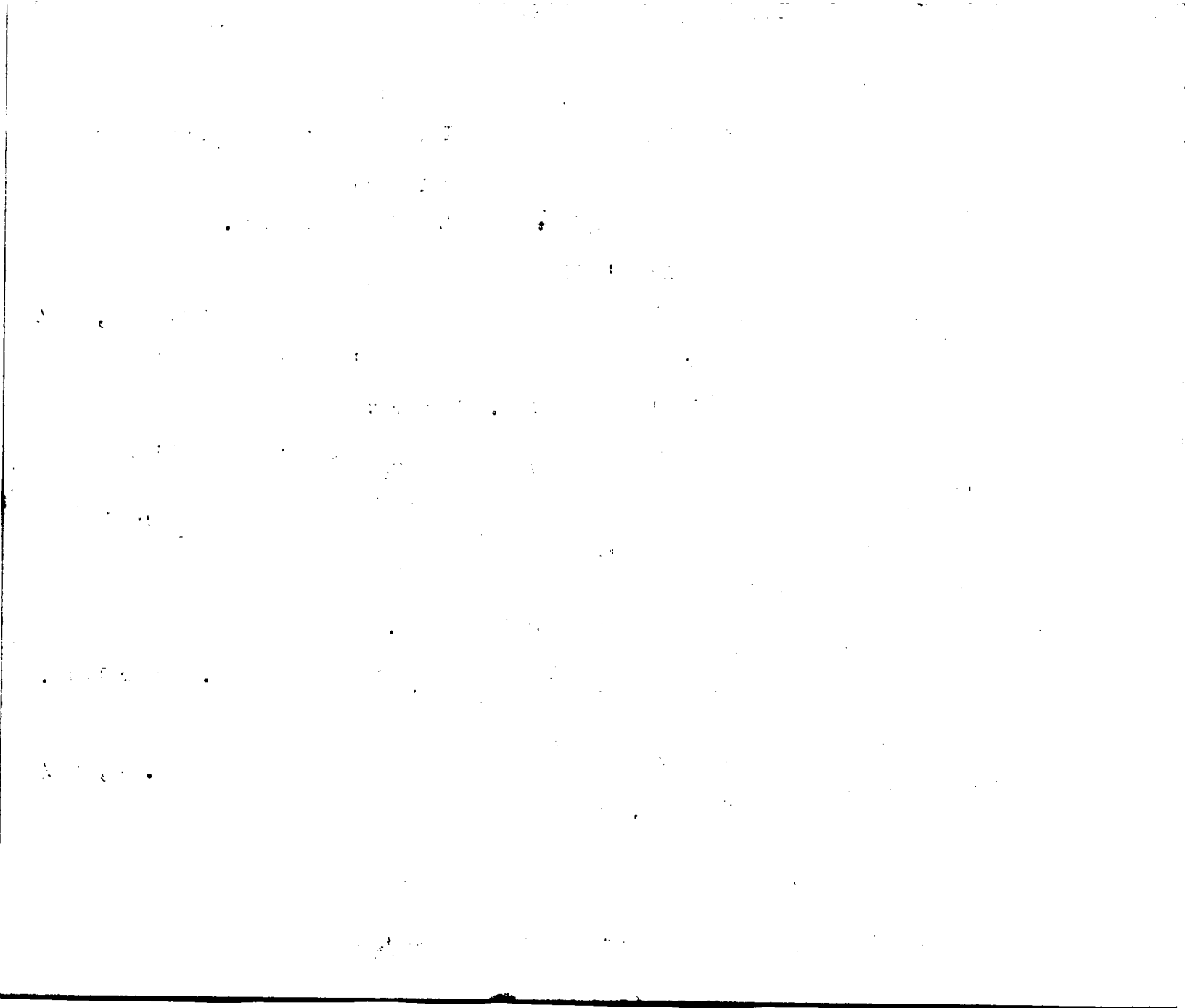
James P. Thompson

RECEIVED

(1949 Revision of Standard Certificate)

OCT 8 1954 **CERTIFICATE OF STILLBIRTH****Division of Vital Statistics****State of Idaho**State File No. 159Local Reg. No. 514Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital		d. STREET ADDRESS (If rural, give location) 442 Blue Lakes Blvd.	
3. CHILD'S NAME (Type or Print) Baby Girl O'Halloran			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 30, 1954
7. FATHER'S NAME a. (First) Harry		b. (Middle)	c. (Last) O'Halloran
		8. COLOR OR RACE White	
9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) Canada	11a. USUAL OCCUPATION Mag. Times News	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Ann		b. (Middle)	c. (Last) Wagner
		13. COLOR OR RACE White	
14. AGE (At time of this birth) 44 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT <i>Ann O'Halloran</i>			
18a. LENGTH OF PREG. NANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. 13 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Fetal death 3 to 4 days ago.		
	20b. MATERNAL CAUSES Premature reapture of membrans spontaneously. Cord prolapse.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>John C. Sutherland M.D.</i>		23b. DATE SIGNED Sept. 30, 1954
	23c. ATTENDANT'S ADDRESS Twin Falls, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
<i>Disposed of by cremation. - John C. Sutherland M.D.</i>			



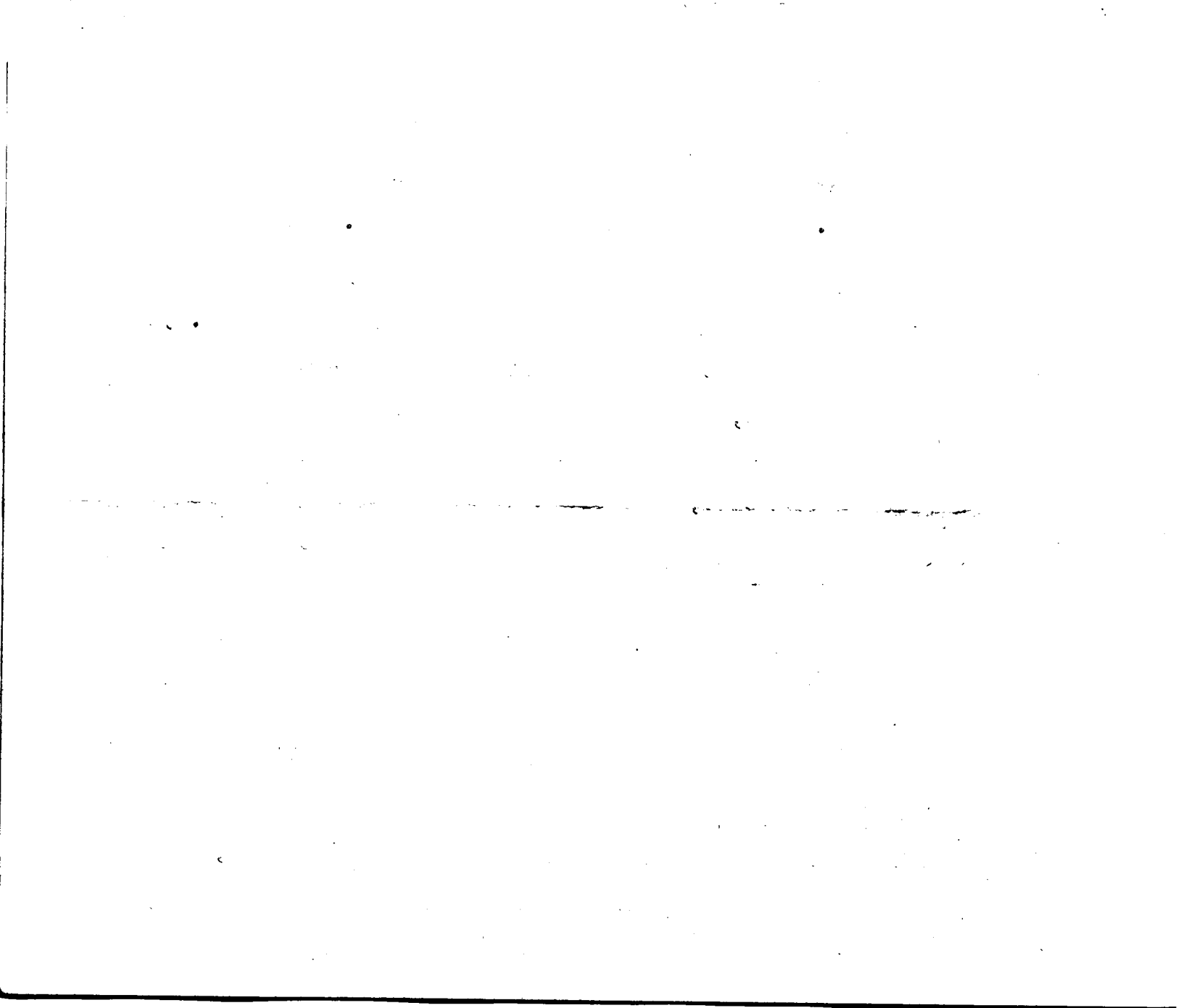
RECEIVED DATE OF STILLBIRTH

State of Idaho

State File No. **160**
Local Reg. No. **387**
Reg. Dist. No. **370**

OCT 30 1954

1. PLACE OF STILLBIRTH a. COUNTY Ada Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR Boise TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Boise TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR St. Lukes Hospital INSTITUTION		d. STREET ADDRESS (If rural, give location) 204 E. 39th Street	
3. CHILD'S NAME (Type or Print) CATHY PERRY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 5, 1954
7. FATHER'S NAME a. (First) George b. (Middle) Harlin c. (Last) Perry		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Grove, Oklahoma	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Levora b. (Middle) Revels c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Commerce, Oklahoma	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT George H. Perry			
18a. LENGTH OF PREG- NANCY Term WEEKS	18b. WEIGHT AT BIRTH 10 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 36.0	
		20b. MATERNAL CAUSES Displaced umbilical cord	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Posterior position		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy & Forcep delivery	
I hereby certify that attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE W. H. Pringer M.D.	23b. DATE SIGNED 10-11-54
23c. ATTENDANT'S ADDRESS Boise, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Chas. E. Summers TITLE SUMMERS FUNERAL HOME
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10/6/54	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 10-27-54	REGISTRAR'S SIGNATURE Mable Palmer	26. FUNERAL DIRECTOR Chas. E. Summers ADDRESS Boise, Idaho	



RECEIVED

OCT 11 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

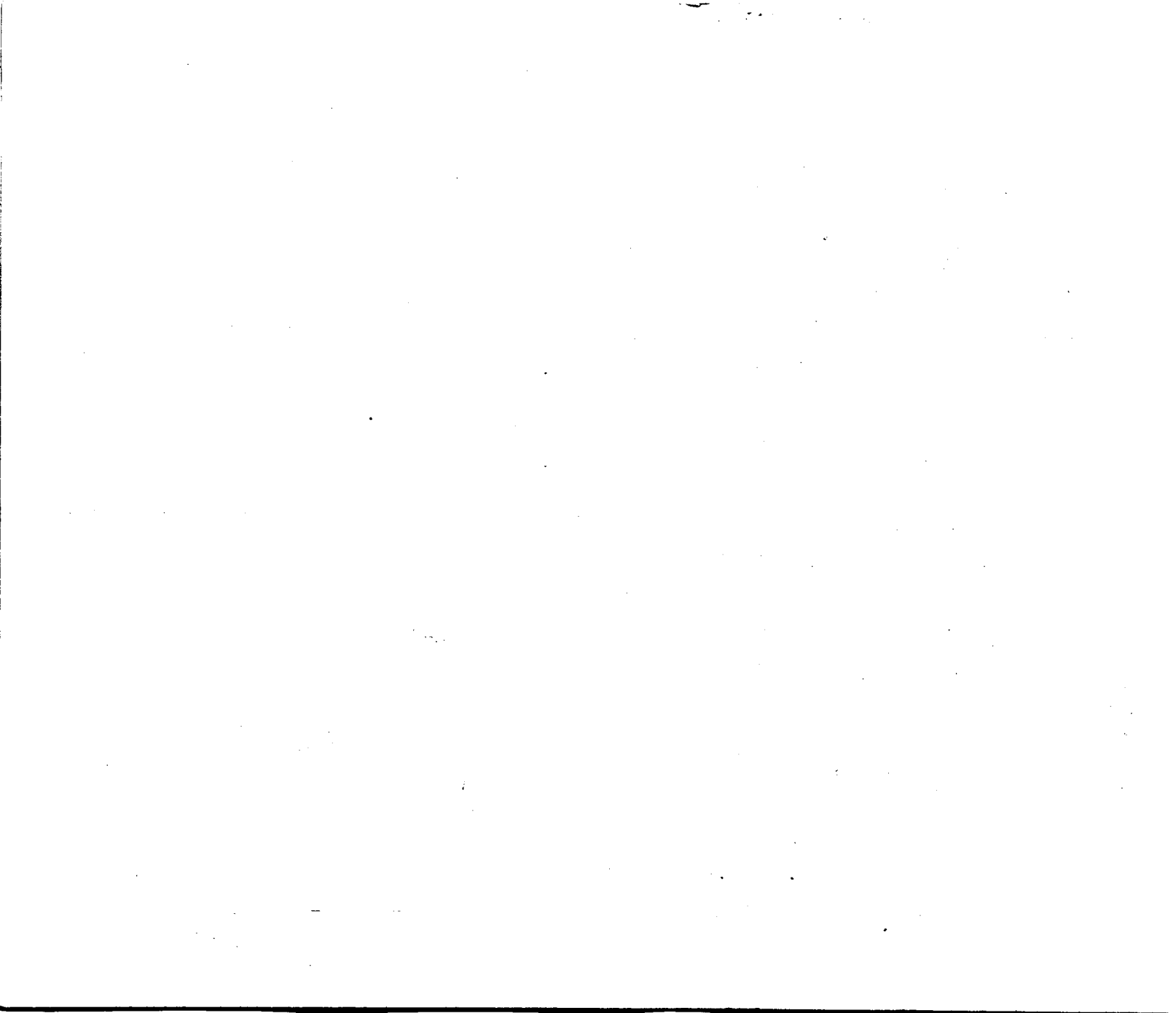
CERTIFICATE OF STILLBIRTH

State File No. 161

Local Reg. No. 367

Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Owyhee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Alphonsus Hosp</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Infant Burghardt</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 7th. 1954</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>S.</u> c. (Last) <u>Burghardt</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>33</u> years YEARS	10. BIRTHPLACE (State or foreign country) <u>Mora Idaho</u>	11a. USUAL OCCUPATION <u>Stock Grower.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Cattle Industry</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ellen</u> b. (Middle) <u>V.</u> c. (Last) <u>Guest</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Atlanta Georgia</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>William S. Burghardt</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Torn umbilical Cord.</u> <u>36.0</u>	
		20b. MATERNAL CAUSES <u>None known.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold B. Hulme, M.D.</u>	
23b. DATE SIGNED <u>8 October 1954</u>		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. T. McCann</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 11th. 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	25d. LOCATION (City, town, or county) (State) <u>Grandview Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-9-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Schreiber-McCann-Gibson. Boise Idaho</u>	



RECEIVED
(With Extension of Standard Certificate)
CERTIFICATE OF STILLBIRTH
NOV 2 1954
State of Idaho

111-54-0

162

State File No.

Local Reg. No. 240Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY OR TOWN <u>Pocatello</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY OR TOWN <u>Pocatello</u> d. STREET ADDRESS <u>108 East Chapel</u>		
3. CHILD'S NAME (Type or Print) <u>BABY BOY NEEL</u>					
4. SEX <u>boy</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 20, 1954</u>		
7. FATHER'S NAME a. (First) <u>Edgar</u> b. (Middle) <u>Allen</u> c. (Last) <u>Neel</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	11a. USUAL OCCUPATION <u>Watchmaker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Jewelers (Mollinelli)</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Sidney</u> b. (Middle) <u>Woolf</u> c. (Last) <u>Woolf</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>one</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>			
17. INFORMANT <u>Sidney Neel</u> Mother					
18a. LENGTH OF PREG. <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>34.5</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Feb. 1954</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES <u>Duplication of Cervix & Uterus</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:40 A.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M.D., D.C., midwife, or other) <u>[Signature]</u>		23b. DATE SIGNED <u>Oct. 1, 1954</u>	
		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	TITLE <u>Physician</u>	
25. BURIAL CREMATION (Specify) <u>Burial</u>	26a. DATE <u>May 21, 1954</u>	26b. NAME OF CEMETERY OR CREMATORY <u>Inkom Cemetery</u>	26c. LOCATION (City, town, or county) (State) <u>Inkom Idaho</u>		
DATE REC'D BY LOCAL REG. <u>10-12-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. LaVern Muir</u>	28. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Pocatello, Idaho</u>		

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OCT 27 1954 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 163

Local Reg. No. 278

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>211 Taft</u>	
3. CHILD'S NAME (Type or Print) <u>DAWN AGNES STOLWORTHY</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 20, 1954</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Rowdon</u> c. (Last) <u>Stolworthy</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>13</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Shelley, Idaho</u>	11a. USUAL OCCUPATION <u>School teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Pocatello High School</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Sarah</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Buttcane</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Three</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Sarah Stolworthy, Mother</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis Fetalis</u>	
		20b. MATERNAL CAUSES <u>Rh. Sensitization</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Rh Sensitization, Premature Labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:50 A.</u> m.		23a. ATTENDANT'S SIGNATURE <u>Dr. L. H. H. H.</u>	
23b. DATE SIGNED <u>27 Sept 54</u>		23c. ATTENDANT'S ADDRESS <u>1445 E. Center</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>on way there</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	25b. DATE <u>9-23-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grove City</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-21-54</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Hall Grant Mortuary</u>	ADDRESS <u>Pocatello</u>

RECEIVED

U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION

REPORT OF INVESTIGATION

DATE

CITY

STATE

REPORT MADE AT

DATE

REPORT MADE BY

DATE

September 20, 1931

William J. ...
School teacher
Pocatello High School

Wife
Lillian

Three
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Address ...

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RECEIVED
(1942 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
NOV 4 1954
State of Idaho

State File No. 164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downey, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Marsh Valley Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>108 Delano</u>	

3. CHILD'S NAME
(Type or Print) Baby Girl Fackrell

4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 21, 1954</u>
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7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>LaMar</u> c. (Last) <u>Fackrell</u>	8. COLOR OR RACE <u>White</u>
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9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pinckney, Idaho</u>	11a. USUAL OCCUPATION <u>Policeman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Poc. Police Force</u>
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12. MOTHER'S MAIDEN NAME a. (First) <u>Roxie</u> b. (Middle) <u>Leith</u> c. (Last) <u>Cutright</u>	13. COLOR OR RACE <u>White</u>
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14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Downey, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
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17. INFORMANT <u>Leith Fackrell</u>	18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April 1954</u>
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20a. FETAL CAUSES <u>Erythroblastosis</u> <u>RH-</u> <u>Born dead in uterus a few days before birth</u>	20b. MATERNAL CAUSES <u>premature</u> <u>mother RH-</u> <u>father RH+</u> <u>Erythroblastosis</u>
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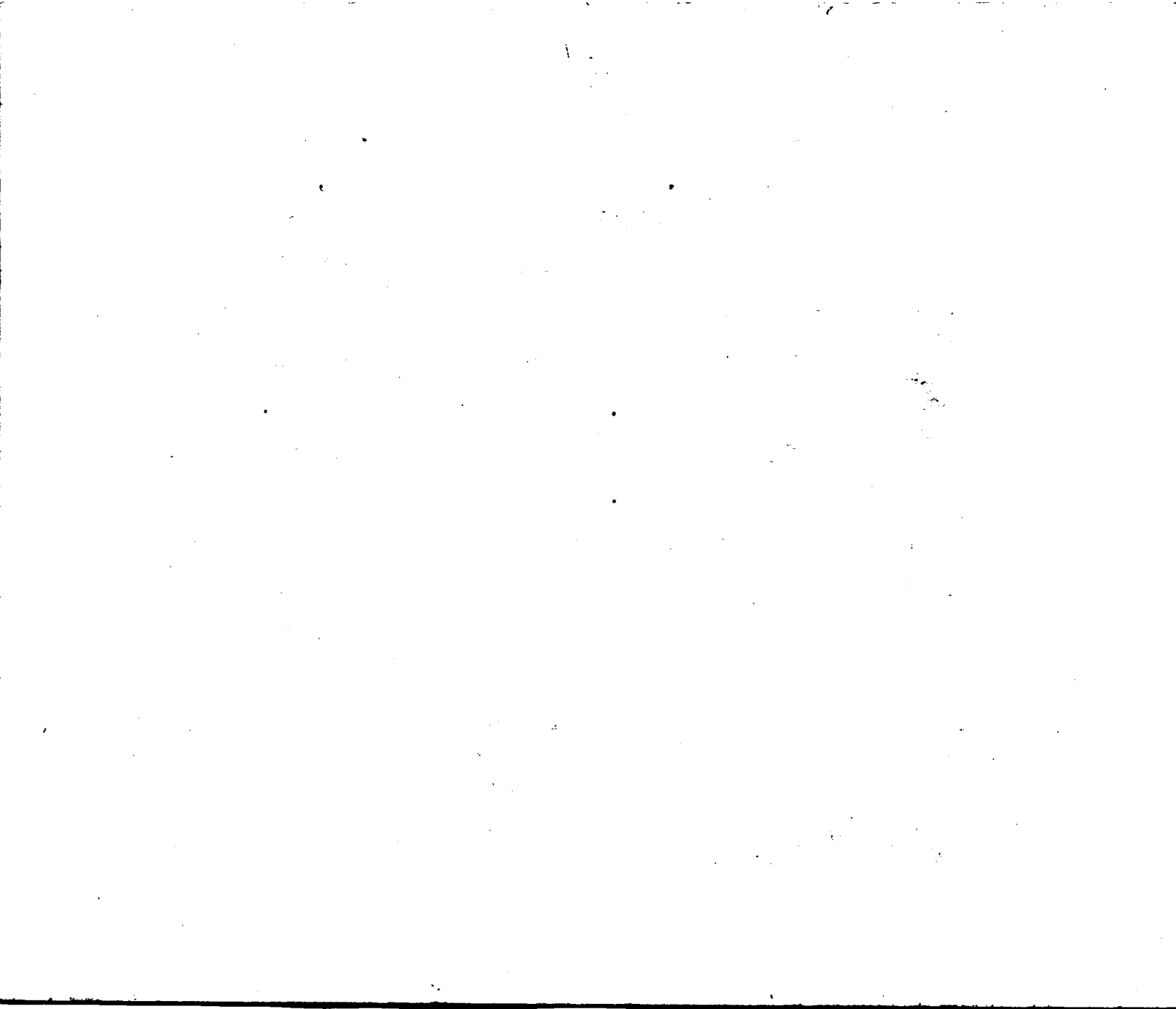
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Erythroblastosis</u> <u>RH incompatibility</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Spontaneous</u> <u>baby had been dead a few days</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.	23a. ATTENDANT'S SIGNATURE <u>Dr. J. S. Smith</u>	23b. DATE SIGNED <u>10-22-54</u>
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23c. ATTENDANT'S ADDRESS <u>Downey, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u> </u>	TITLE <u> </u>
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25a. BURIAL CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
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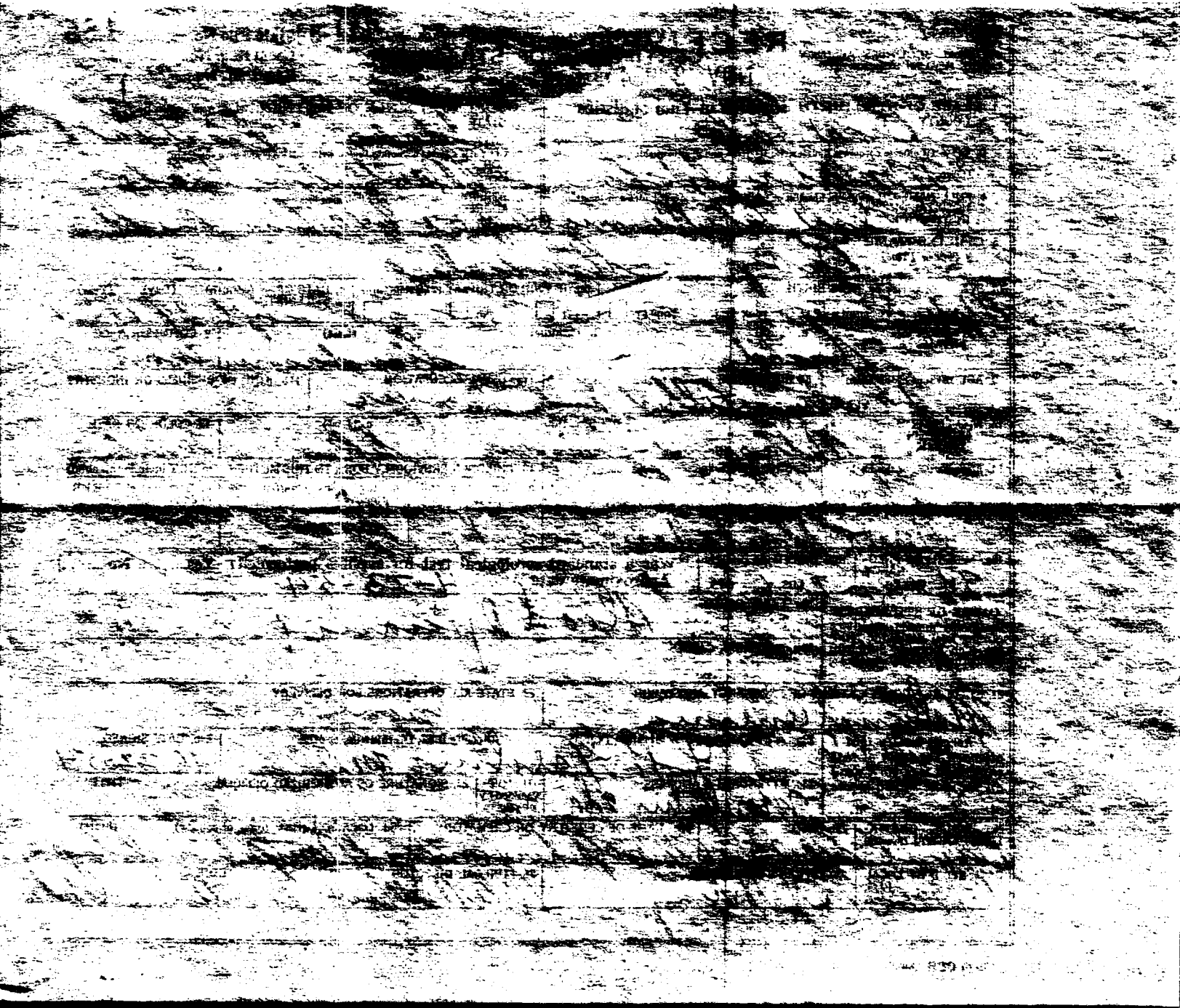
DATE REC'D BY LOCAL REG <u>Nov 2, 1954</u>	26. FUNERAL DIRECTOR <u>Orissa Salvesen</u>	ADDRESS <u> </u>
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RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
NOV 2 1954 State of Idaho

111-5450 Date Filed No. 165
Local Reg. No. 552
Reg. Dist. No. 552

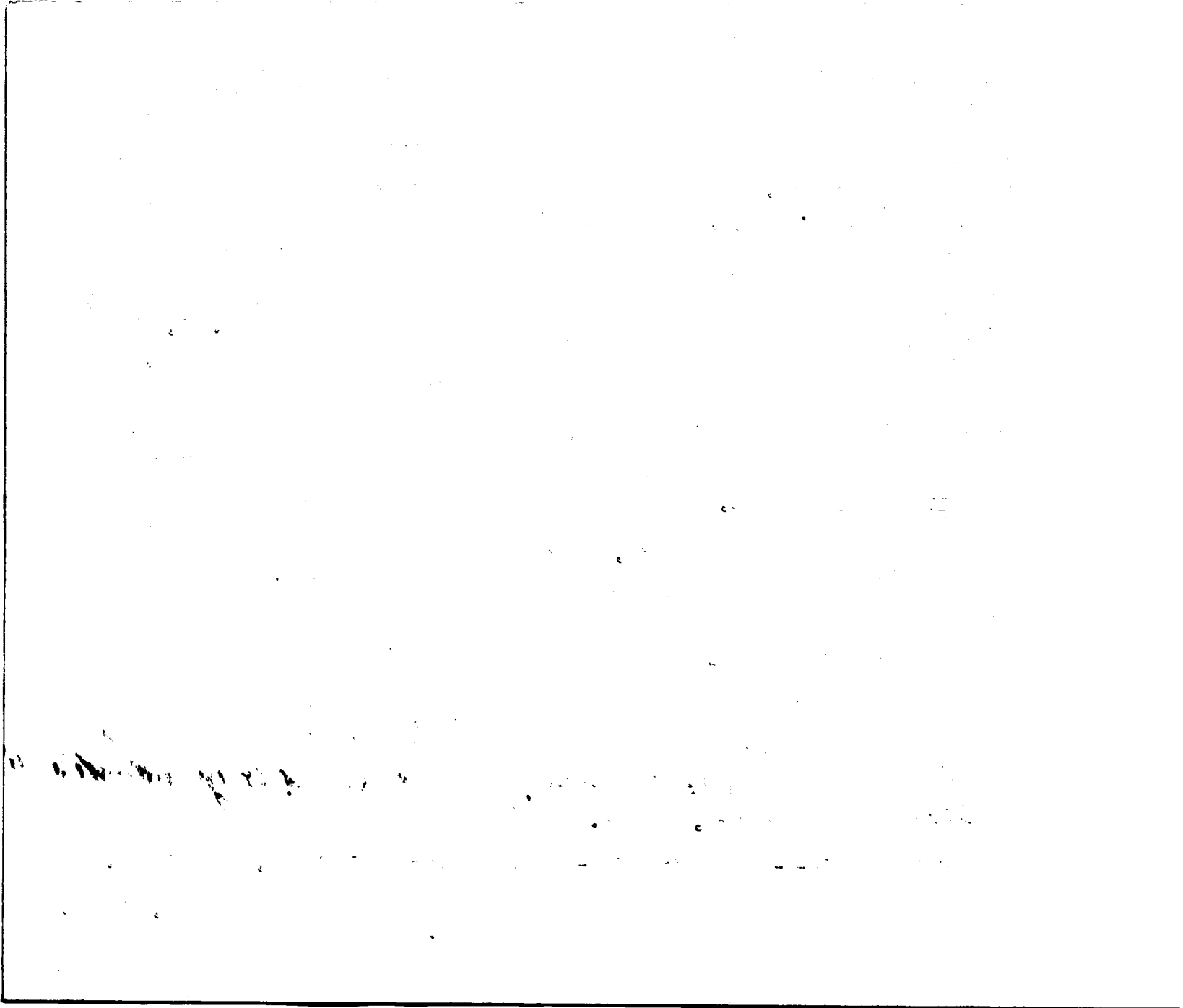
1. PLACE OF BIRTH Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Bear Lake</i>	a. STATE <i>Idaho</i>	b. COUNTY <i>Bear Lake</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>		
c. FULL NAME OR name in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Bear Lake Memorial Hospital</i>	d. STREET ADDRESS (If rural, give location) <i>640 Lincoln St.</i>		
3. CHILD'S NAME (Type or Print) <i>Baby Standaer</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Sept. 24 1954</i>
7. FATHER'S NAME	a. (First) <i>Gerald</i>	b. (Middle)	c. (Last) <i>Standaer</i>
8. COLOR OR RACE <i>White</i>			
9. AGE (At time of this birth) <i>40</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Miss Albert Canada</i>	11a. USUAL OCCUPATION <i>Lawyer</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) <i>Mattie</i>	b. (Middle) <i>Francis</i>	c. (Last) <i>Sikis</i>
13. COLOR OR RACE <i>White</i>			
14. AGE (At time of this birth) <i>36</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Alberta Canada</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <i>1</i>	b. How many children were born alive but are now dead? <i>None</i>
17. INFORMANT <i>Gerald Standaer</i>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY <i>38</i> WEEKS	18b. WEIGHT AT BIRTH <i>7</i> LBS. <i>6</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>4-23-54</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Blood Dyscrasia?</i>		
	20b. MATERNAL CAUSES <i>39.5</i>		
21. STATE AND COMPLICATIONS OF PREGNANCY AND LABOR <i>Maternal Anemia</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>L. P. Galsteres MD</i>	23b. DATE SIGNED <i>10-22-54</i>
		23c. ATTENDANT'S ADDRESS <i>Montpelier Ida</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. H. Hume</i>
		IF NOT attended by physician	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Sept. 25 '54</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Montpelier Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Montpelier Idaho</i>
DATE REC'D BY LOCAL REG <i>10/30/54</i>	REGISTRAR'S SIGNATURE <i>Nell Hume</i>	26. FUNERAL DIRECTOR <i>W. H. Hume</i>	ADDRESS <i>Montpelier Idaho</i>



RECEIVED

OCT 8 1954
Division of Vital Statistics
State of IdahoState File No. 166
Local Reg. No. 423
Reg. Dist. No. 6.0.0

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Texas b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Del Rio	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) ROBERTO MARTINEZ			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 1, 1954
7. FATHER'S NAME a. (First) ISRAEL b. (Middle) MARTINEZ c. (Last)		8. COLOR OR RACE Mexican	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Mexico	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) BERTHA b. (Middle) GOMEZ c. (Last)		13. COLOR OR RACE Mexican	
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Del Rio, Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Cruz E Gomez Del Rio, Texas			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sep 20, 1954.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 39.5	
20b. MATERNAL CAUSES Toxemia		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia	
22. STATE ALL OPERATIONS FOR DELIVERY Outlet Forceps		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ralph Shafer M.D.	
23b. DATE SIGNED Oct 4, 1954		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE John C. Sandberg	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 10-2-54	25c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas Cemetery
25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho.		26. FUNERAL DIRECTOR ADDRESS John C. Sandberg Blackfoot, Idaho.	
DATE REC'D BY LOCAL REG. Oct 2-1954		REGISTRAR'S SIGNATURE Mrs. Evelyn E. Patricia	



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PHS-797 (VS)

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

OCT 8 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

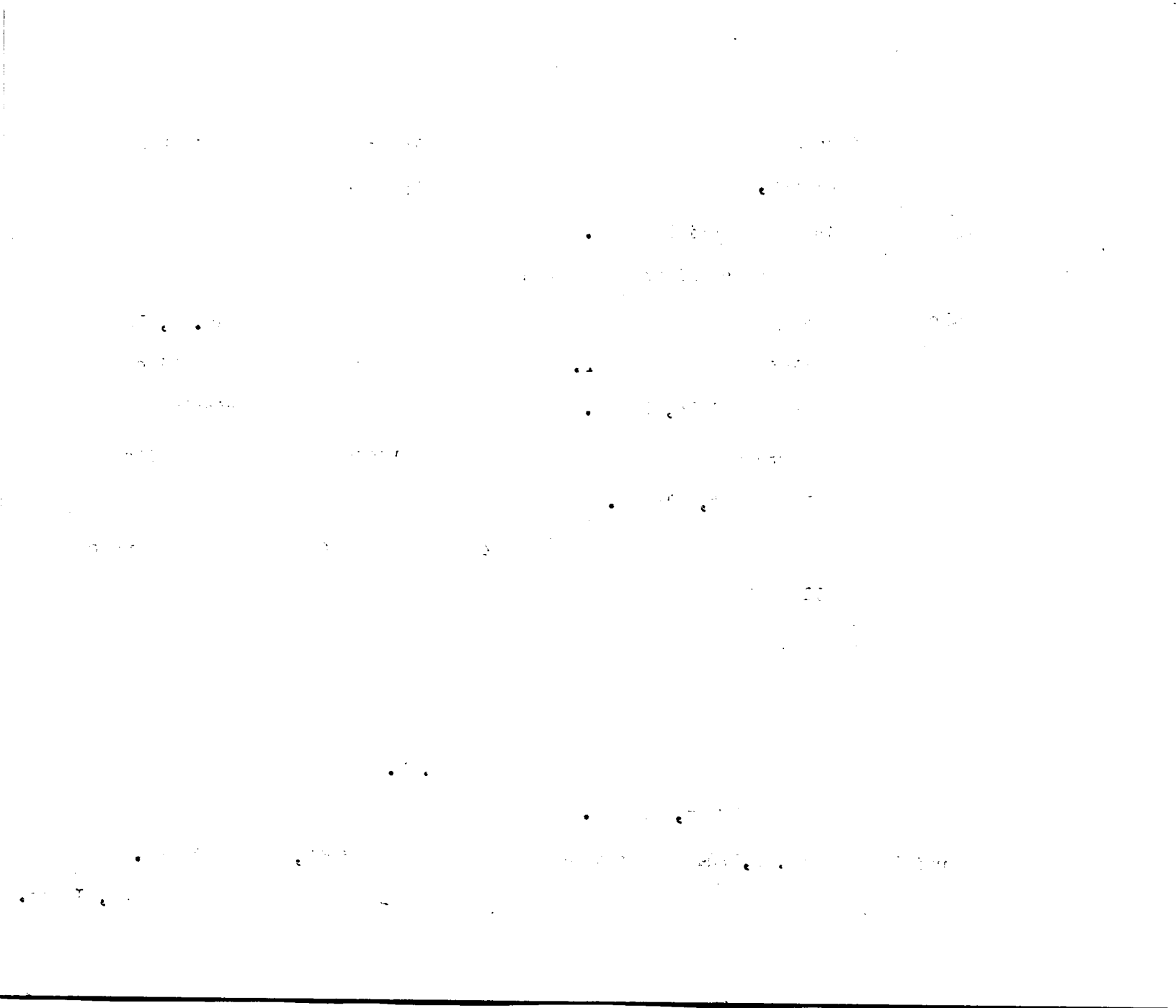
State of Idaho

State File No. 157

Local Reg. No. 426

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pingree	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospt.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Monte Liourtis Meham			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 3, 1954
7. FATHER'S NAME a. (First) Melvin b. (Middle) L. c. (Last) Mecham		8. COLOR OR RACE White	
9. AGE (At time of this birth) 52 YEARS	10. BIRTHPLACE (State or foreign country) Chesterfield, Idaho.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Othea b. (Middle) c. (Last) Whiting		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT <i>Melvin L. Meham Father</i>			
18a. LENGTH OF PREGNANCY <i>Term</i> WEEKS	18b. WEIGHT AT BIRTH 11 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Aug 15 - 54</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>none</i>	
		20b. MATERNAL CAUSES <i>none</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Prolonged delivery due to retained shoulders</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>1:25 p.m.</i>		23a. ATTENDANT'S SIGNATURE <i>Charles Acher</i> M. D.	23b. DATE SIGNED <i>10-4-54</i>
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho.		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John C. Sandberg</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 6, 1954	25c. NAME OF CEMETERY OR CREMATORY Basalt Cemetery	25d. LOCATION (City, town, or county) (State) Firth, Idaho.
DATE REC'D BY LOCAL REG. <i>Oct. 5 1954</i>	REGISTRAR'S SIGNATURE <i>Mrs. Chas. E. Feltner</i>	26. FUNERAL DIRECTOR <i>John C. Sandberg</i> ADDRESS Blackfoot, Idaho.	



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(1949 Revision of Standard Certificate)

111-54-0

State File No. 168

Local Reg. No. 472

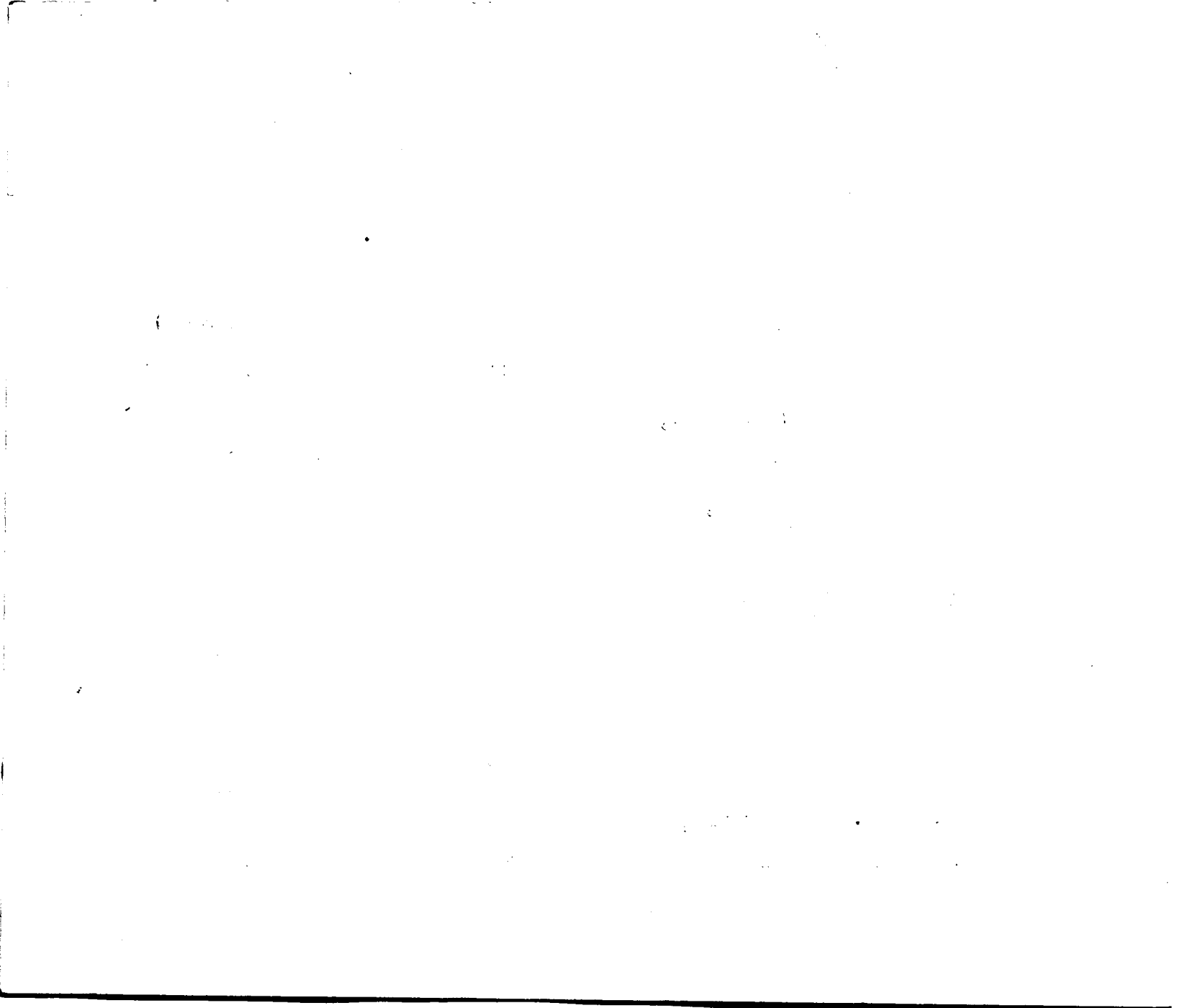
Reg. Dist. No. 8.2.2

NOV 1 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) 614 No. Shilling	
3. CHILD'S NAME (Type or Print) NOT NAMED			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 27, 1954
7. FATHER'S NAME a. (First) Raymond b. (Middle) Franklin c. (Last) Winmill		8. COLOR OR RACE White	
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Sugar City, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Emma c. (Last) Norris		13. COLOR OR RACE White	
14. AGE (At time of this birth) 42 YEARS	15. BIRTHPLACE (State or foreign country) Egin, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Four b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Frank Winmill			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 36, 0	
20b. MATERNAL CAUSES Interruption of Placental blood supply		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Dr. M. L. M. D.	
23b. DATE SIGNED October 27, 1954		23c. ATTENDANT'S ADDRESS Blackfoot, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Allen Ostergaard		TITLE Blackfoot, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 10-27-54	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
DATE REC'D BY LOCAL REG. Oct. 27-1, 1954	REGISTRAR'S SIGNATURE Dr. M. L. M. D.	26. FUNERAL DIRECTOR (acting) Allen Ostergaard	ADDRESS Blackfoot, Idaho



RECEIVED OF STILLBIRTH

State of Idaho

State File No. **169**
Local Reg. No. **226**
Reg. Dist. No. **610**

NOV 13 1954

1. PLACE OF STILLBIRTH a. COUNTY Benneville Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Benneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iona	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Amos J. Reckwood			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 10, 1954
7. FATHER'S NAME a. (First) Bruce R. Rockwood		b. (Middle) c. (Last) 8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Iona, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Lewana Jenkins		b. (Middle) c. (Last) 13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Bruce R. Rockwood			
18a. LENGTH OF PREGNANCY WEEKS 7	18b. WEIGHT AT BIRTH LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Undetermined 39.6	
		20b. MATERNAL CAUSES Undetermined	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Milton T. Rees 23b. DATE SIGNED 10-14-54 23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 10/12/54	25c. NAME OF CEMETERY OR CREMATORY Iona Cemetery
25d. LOCATION (City, town, or county) (State) Iona, Idaho		26. FUNERAL DIRECTOR Jack A. Wood ADDRESS Idaho Falls, Idaho	
DATE REC'D BY LOCAL REG. Nov. 10-1954		REGISTRAR'S SIGNATURE Anna Sudger	

RECEIPT OF STILLBIRTH

L.D. Hospital

James J. Rockwood

October 10, 1954

White

Farming

White

James J. Rockwood

2

Unborn

Unborn

None

None

James J. Rockwood

James J. Rockwood, Ellis, Idaho

RECEIVED STATE OF STILLBIRTH

NOV 13 1954 State of Idaho

State File No. 170

Local Reg. No. 220

Reg. Dist. No. 670

1. PLACE OF STILLBIRTH a. COUNTY Bonneville Division of Vital Statistics			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital			d. STREET ADDRESS (If rural, give location) 525 Linden Drive		
3. CHILD'S NAME (Type or Print) Ebersole					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 28 1954		
7. FATHER'S NAME a. (First) Earl b. (Middle) Raymond c. (Last) Ebersole		8. COLOR OR RACE Wht.			
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Chemist	11b. KIND OF BUSINESS OR INDUSTRY Atomic Energy Commission		
12. MOTHER'S MAIDEN NAME a. (First) Ruth b. (Middle) Irene c. (Last) Pauschert		13. COLOR OR RACE Wht.			
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 27 weeks pregnancy)? 0			
17. INFORMANT Earl P. Ebersole					
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrocephalous 38.1			
		20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY Low forceps		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John S. Hatch M.D.		23b. DATE SIGNED 10-30-54	
23c. ATTENDANT'S ADDRESS Idaho Falls Idaho		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Erma A. Buck TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE October 30	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls Bonneville Idaho		
DATE REC'D BY LOCAL REG. Nov. 3-1954	REGISTRAR'S SIGNATURE Erma A. Buck	26. FUNERAL DIRECTOR ADDRESS Idaho Falls Idaho			

DECLARATION OF INTEREST

Form No. 280

1-60

DECLARATION OF INTEREST

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PHS-797 (VS)

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

OCT 13 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 51-54Reg. Dist. No. 122

1. PLACE OF STILLBIRTH a. COUNTY <u>Boundary</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Boundary</u>	
b. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <u>Bonniers ferry</u>		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <u>Rural Bonniers ferry</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Gerald Mastrey</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10-5-1954</u>
7. FATHER'S NAME a. (First) <u>Cyril</u> b. (Middle) <u>Willard</u> c. (Last) <u>Mastrey</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>N. Dakota</u>	11a. USUAL OCCUPATION <u>Welder</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>UNRUH</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Cyril W mastrey</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>36.5</u>	
20b. MATERNAL CAUSES <u>Placental Infarct</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9 P</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>R. M. Bonnell M.D.</u>	23b. DATE SIGNED <u>Oct 9-1954</u>
23c. ATTENDANT'S ADDRESS <u>Bonniers ferry</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>10-7-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>	25d. LOCATION (City, town, or county) (State) <u>Boundary County Idaho</u>
DATE REC'D BY LOCAL REG. <u>10/9/54</u>	REGISTRAR'S SIGNATURE <u>R. M. Bonnell</u>	26. FUNERAL DIRECTOR <u>E. H. Whitney</u>	ADDRESS <u>Bonniers ferry Idaho</u>

STATE OF NEW YORK
CERTIFICATE OF BIRTH

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County of New York

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Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 172

Local Reg. No. 71

Reg. Dist. No. 3102

1. PLACE OF STILLBIRTH -a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Caldwell Mem Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Route 4</i>	
3. CHILD'S NAME ((Type or Print)) <i>Steven Wayne Floyd</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>9-15-1954</i>
7. FATHER'S NAME a. (First) <i>Cyril</i> b. (Middle) <i>Wayne</i> c. (Last) <i>Floyd</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>39</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Nampa, Idaho</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Leola</i> b. (Middle) <i>May</i> c. (Last) <i>Harms</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>39</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Meridian, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>4 (Four)</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Leola M. Floyd</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <i>2</i> LBS. <i>12</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>March, 1954</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>None</i>	
		20b. MATERNAL CAUSES <i>Toxemia of Pregnancy</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Toxemia of Pregnancy</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>6</i> a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <i>Lester Shupe M.D.</i>	
23b. DATE SIGNED <i>9/15/54</i>		23c. ATTENDANT'S ADDRESS <i>Caldwell</i>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i>		23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Sept. 16, 1954</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Canyon Hill</i>	25d. LOCATION (City, town, or county) (State) <i>Caldwell, Idaho</i>
DATE REC'D BY LOCAL REG. <i>10-29-54</i>	REGISTRAR'S SIGNATURE <i>Agnes M. Newman</i>	26. FUNERAL DIRECTOR <i>Peckham-Dexter</i> ADDRESS <i>Caldwell, Idaho</i>	

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

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RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 173
Local Reg. No. 64
Reg. Dist. No. 360

OCT 18 1954

1. PLACE OF BIRTH (Vital Statistics) a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Owyhee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Home Dale</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	

3. CHILD'S NAME
(Type or Print) Michael Dean Pace

4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 10 - 1954</u>
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7. FATHER'S NAME a. (First) <u>JAMES</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Pace</u>	8. COLOR OR RACE <u>WHITE</u>
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9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Maumelle - Arkansas</u>	11a. USUAL OCCUPATION <u>FARMER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>
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12. MOTHER'S MAIDEN NAME a. (First) <u>MARGARET</u> b. (Middle) <u>LEE</u> c. (Last) <u>DALRYMPLE</u>	13. COLOR OR RACE <u>WHITE</u>
--	-----------------------------------

14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Cushing - Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
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17. INFORMANT <u>Mrs. James Alfred Pace</u>	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. <u>14 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
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20a. FETAL CAUSES	20b. MATERNAL CAUSES
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CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

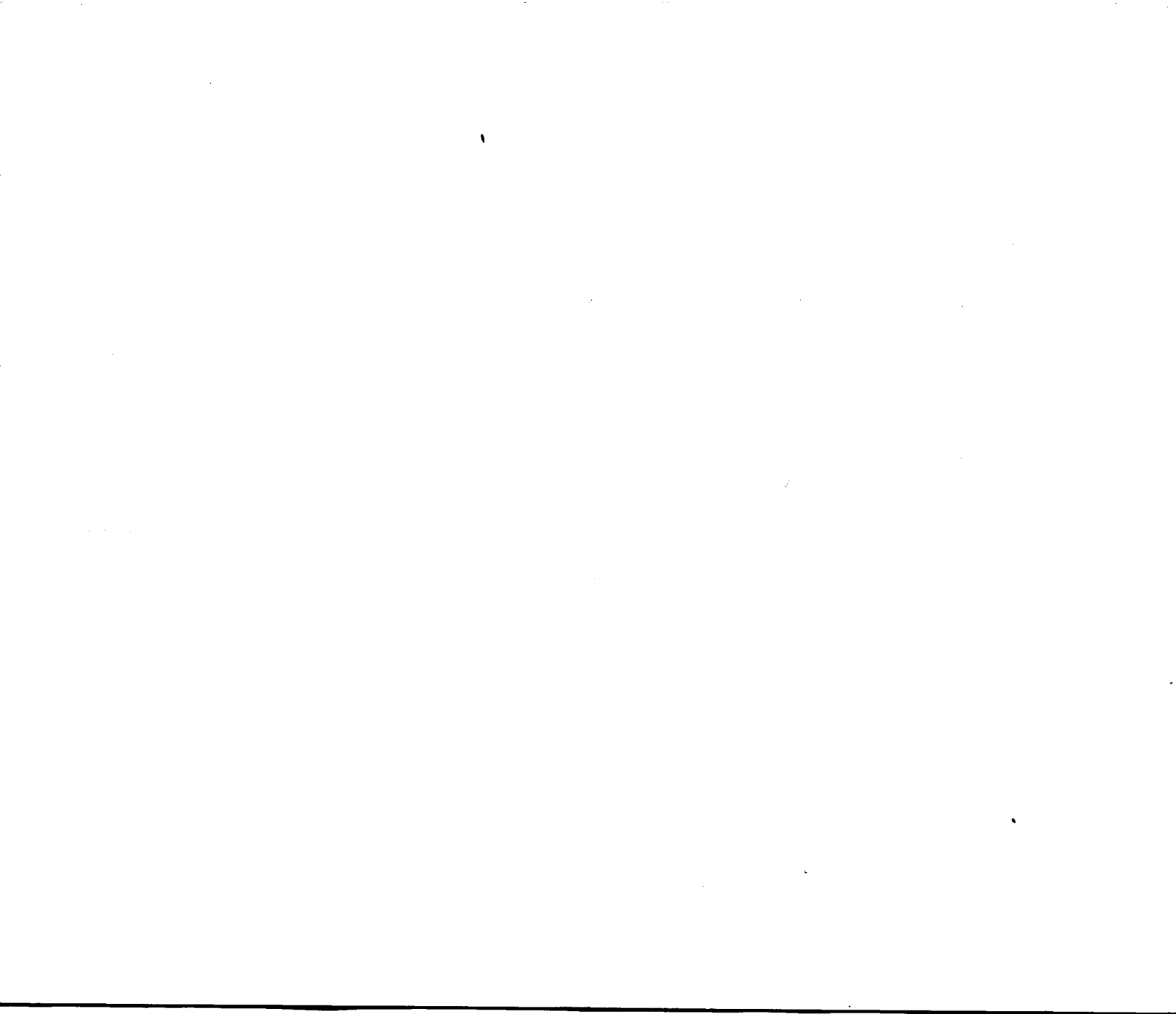
39.6

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
--	---------------------------------------

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	23b. DATE SIGNED
	23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 13, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>10-12-54</u>	REGISTRAR'S SIGNATURE <u>Agnis M. Denman</u>	26. FUNERAL DIRECTOR <u>E. V. Beckman</u> ADDRESS <u>Caldwell, Idaho</u>
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RECEIVED

OCT 22 1954

Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 174

Local Reg. No.

Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH

a. COUNTY

Caribou

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Soda Springs

c. FULL NAME OF HOSPITAL OR INSTITUTION

Caribou County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Caribou

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Soda Springs

d. STREET ADDRESS

(If rural, give location)

3. CHILD'S NAME

((Type or Print))

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLT ☐

5b. IF TWIN OR TRIPLT (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Oct. 3, 1954

7. FATHER'S NAME

a. (First)

Jess

b. (Middle)

Kenneth

c. (Last)

Munk

8. COLOR OR RACE

White

9. AGE (At time of this birth)

40

YEARS

10. BIRTHPLACE (State or foreign country)

Monti, Utah

11a. USUAL OCCUPATION

Maintenance Man

11b. KIND OF BUSINESS OR INDUSTRY

Chemical Company

12. MOTHER'S MAIDEN NAME

a. (First)

Lois

b. (Middle)

Ellen

c. (Last)

Steed

13. COLOR OR RACE

white

14. AGE (At time of this birth)

36

YEARS

15. BIRTHPLACE (State or foreign country)

Clearfield, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

6

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?

0

17. INFORMANT

x Mrs Jess Munk

18a. LENGTH OF PREGNANCY

36

WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐

Approximate date

April '54

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Placenta previa with premature separation of placenta

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:12 p. m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

17 Oct 54

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Oct. 4, 1954

25c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

25d. LOCATION (City, town, or county)

Soda Springs, Idaho

(State)

DATE REC'D BY LOCAL REG.

10-4-54

REGISTRAR'S SIGNATURE

Betty Mae Burton

26. FUNERAL DIRECTOR

O. L. Whitman Doyle & Sons

ADDRESS

Idaho

JUN 26 2016 *ed*

RECEIVED

(1949 Revision of Standard Certificate)

667-29 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 175
Local Reg. No. 31
Reg. Dist. No. 251

1. PLACE OF STILLBIRTH a. COUNTY Fremont		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Montana b. COUNTY Gallatin	
b. CITY OR TOWN Ashton		c. CITY OR TOWN West Yellowstone	
c. FULL NAME OF HOSPITAL OR INSTITUTION Ashton Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) HOLLY LARSON			
4. SEX Fe	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH 10/20/54
7. FATHER'S NAME a. (First) Gustaf b. (Middle) Herman c. (Last) Larson		8. COLOR OR RACE white	
9. AGE (At time of this birth) 48 YEARS	10. BIRTHPLACE (State or foreign country) Sweeden	11a. USUAL OCCUPATION Bar-tender	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) Edith c. (Last) Christman		13. COLOR OR RACE white	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Bain, Minnesota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Gustaf Herman Larson			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta 20b. MATERNAL CAUSES Intrauterine hemorrhage	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Two episodes of hemorrhage during pregnancy		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:58 P. m. Ashton, Idaho		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Thomas J. [Signature] 23b. ATTENDANT'S ADDRESS	
23c. DATE SIGNED Oct. 21, 1954		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 10/22/54	25c. NAME OF CEMETERY OR CREMATORY Livingston	25d. LOCATION (City, town, or county) (State) Livingston Montana
DATE REC'D BY LOCAL REG. 23 Oct 54	REGISTRAR'S SIGNATURE Mal [Signature]	26. FUNERAL DIRECTOR Lewis A. [Signature] ADDRESS Ashton Idaho	

STATE OF NEW YORK

County of ...

IN SENATE

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RECEIVED
STATE OF IDAHO
NOV 5 1954

State File No. 176
Local Reg. No. 44
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY IDAHO Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY IDAHO	
b. CITY (If outside corporate limits, write RURAL and give township) OR Grangeville, TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Grangeville, TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION General		d. STREET ADDRESS (If rural, give location) 1120 No. State St	
3. CHILD'S NAME (Type or Print) EUGENE GERALD NUXOLL			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 26, 1954
7. FATHER'S NAME a. (First) Eugene A. b. (Middle) A c. (Last) Nuxoll		8. COLOR OR RACE white	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Greenocreek, Idaho	11a. USUAL OCCUPATION Dry Kiln Operator	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Jennie b. (Middle) Lee c. (Last) Herzog		13. COLOR OR RACE white	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Ferdinand, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? one b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Eugene H. Nuxoll			
18a. LENGTH OF PREGNANCY 25 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11 Oct 54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 36.2	
		20b. MATERNAL CAUSES Premature separation of Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Bleeding + cramping for 3 months.		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:48 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Donald S. Saltman M.D.	
23c. ATTENDANT'S ADDRESS Grangeville, Idaho		23b. DATE SIGNED 26 Oct 54	
23d. SIGNATURE OF AUTHORIZED OFFICIAL James Robertson		TITLE Grangeville, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 26, 1954	25c. NAME OF CEMETERY OR CREMATORY Prairieview	25d. LOCATION (City, town, or county) (State) Grangeville, Idaho.
DATE REC'D BY LOCAL REG. Oct. 26, 1954	REGISTRAR'S SIGNATURE Isma Cone	26. FUNERAL DIRECTOR ADDRESS Grangeville, Idaho	

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RECEIVED

(1949 Revision of Standard Certificate)

NOV 5 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 177
Local Reg. No. 5
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY OR TOWN Coeur d'Alene		c. CITY OR TOWN Coeur d'Alene	
c. FULL NAME OF HOSPITAL OR INSTITUTION Lake City Gen		d. STREET ADDRESS (If rural, give location) S 11th St	
3. CHILD'S NAME (Type or Print) Paul Hustoft			
4. SEX M	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct 13 1954
7. FATHER'S NAME a. (First) John b. (Middle) c. (Last) Hustoft		8. COLOR OR RACE W	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Norway	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Saw Mills
12. MOTHER'S MAIDEN NAME a. (First) Lois b. (Middle) Edward c. (Last) Rits		13. COLOR OR RACE W	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Colville Wash	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 8/14/54 <i>in mother</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Prematurity</i> 20b. MATERNAL CAUSES <i>39.5</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify, if M. D., midwife, or other) <i>Lorraine K. Brush</i> 23b. DATE SIGNED 10/27/54	
23c. ATTENDANT'S ADDRESS <i>CHS 2da</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Robert Yates</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct 15, 1954	25c. NAME OF CEMETERY OR CREMATORY Forest	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho
DATE REC'D BY LOCAL REG. 10-28-54	REGISTRAR'S SIGNATURE <i>Lorraine K. Brush</i>	26. FUNERAL DIRECTOR ADDRESS <i>Robert Yates</i> Coeur d'Alene, Idaho	

RECEIVED OCT 22 1954		CERTIFICATE OF STILLBIRTH State of Idaho	
1. PLACE OF STILLBIRTH a. COUNTY <u>Division of Vital Statistics</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benewah</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santa</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Kincaid</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct 14 1954</u>
7. FATHER'S NAME a. (First) <u>Elmo</u> b. (Middle) c. (Last) <u>Kincaid, Jr.</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Woodman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rhoda</u> b. (Middle) c. (Last) <u>Youngberg</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sandakan, No. Borneo</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Elmo Kincaid, Jr.</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>13 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>10-8-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>32.4</u>	
20b. MATERNAL CAUSES <u>Toxemia of Pregnancy</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:15 p. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Francis A. Thiel, M.D.</u>	
23b. DATE SIGNED <u>Oct 17, 1954</u>		23c. SIGNATURE OF AUTHORIZED OFFICIAL <u>Palou, Wash.</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Palou, Wash.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Palou, Wash.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10-15-1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>10/20/54</u>		REGISTRAR'S SIGNATURE <u>Lisa E. Angel</u>	
		26. FUNERAL DIRECTOR <u>Alvin R. Jaz</u>	
		ADDRESS <u>Moscow, Idaho</u>	

PHS-797(VS)
4-49
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1910-1954 Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
NOV 13 1954
State of Idaho
Division of Vital Statistics

State File No.
Local Reg. No. 44
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Fremont	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roxburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parker	
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison County Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY GIRL ARCHIBALD			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 15, 1954
7. FATHER'S NAME a. (First) Robert Archibald		b. (Middle) c. (Last)	
9. AGE (At time of this birth) 35 YEARS		10. BIRTHPLACE (State or foreign country) Salem, Idaho	
11a. USUAL OCCUPATION Farmer and Bookkeeper		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) Mae Remington		b. (Middle) c. (Last)	
14. AGE (At time of this birth) 26 YEARS		15. BIRTHPLACE (State or foreign country) Parker, Idaho	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4		b. How many children were born alive but are now dead? 0	
17. INFORMANT Robert R. Archibald		c. How many OTHER children were stillborn (born dead after 21 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY 41 1/2 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 15, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Breech - Anoxia secondary to prolonged extraction of infant.	
20b. MATERNAL CAUSES None.			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolonged Labor.		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Blair H. Pearson (Specify if M. D., midwife, or other)	
23b. DATE SIGNED 10-19-54		23c. ATTENDANT'S ADDRESS Roxburg Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 18 Oct 54	25c. NAME OF CEMETERY OR CREMATORY Parker	25d. LOCATION (City, town, or county) (State) Parker, Idaho
DATE REC'D BY LOCAL REG. 10-19-54	REGISTRAR'S SIGNATURE Leona Flamm	26. FUNERAL DIRECTOR W. S. Hansen	ADDRESS St. Anthony, Idaho

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

100-100000

NAME OF DEFENDANT	JOHN DOE
ALIAS	JOHN DOE
DATE OF BIRTH	10-10-10
PLACE OF BIRTH	NEW YORK
EDUCATION	HIGH SCHOOL
RELIGION	CATHOLIC
ETHNICITY	WHITE
SEX	MALE
HEIGHT	5' 10"
WEIGHT	180
HAIR	BROWN
EYES	BROWN
SCARS	None
TOOTH MARKS	None
OTHER	None

CHARGE

CHARGE	1. REBELLION
CHARGE	2. OBSTRUCTION OF JUSTICE
CHARGE	3. OBSTRUCTION OF JUSTICE
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INVESTIGATION	1. REBELLION
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INVESTIGATION	1. REBELLION
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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 180Local Reg. No. 538Reg. Dist. No. 4.62

1. PLACE OF STILLBIRTH. a. COUNTY <u>Twin Falls</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u> d. STREET ADDRESS (If rural, give location) <u>Route 3</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 4 1954</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Yessner</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>46</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ark.</u>	11a. USUAL OCCUPATION <u>Common Labor</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>Mae</u> c. (Last) <u>Marick</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>9</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>	
17. INFORMANT <u>Margaret Yessner</u>			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Sept. 20, 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not known.</u>	
		20b. MATERNAL CAUSES <u>None apparent.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:30 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Ray M. Kellogg, M.D.</u>	
23b. DATE SIGNED <u>2 Nov 1954</u>		23c. ATTENDANT'S ADDRESS <u>313 Shoshone St. North</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Nazel Nelson</u>		TITLE <u>Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Nov. 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Nazel Nelson</u>	
26. FUNERAL DIRECTOR		ADDRESS	

CERTIFICATE OF STATEMENT

Name		Address		City		State		Zip	
John Doe		123 Main St		New York		NY		10001	
Occupation		Employer		Date		Signature		Witness	
Software Engineer		ABC Corp		10/26/2023		[Signature]		[Signature]	
I hereby certify that the above is a true and correct statement of the facts as stated.									

Name		Address		City		State		Zip	
Jane Smith		456 Oak Ave		Los Angeles		CA		90001	
Occupation		Employer		Date		Signature		Witness	
Marketing Manager		XYZ Inc		10/27/2023		[Signature]		[Signature]	
I hereby certify that the above is a true and correct statement of the facts as stated.									

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

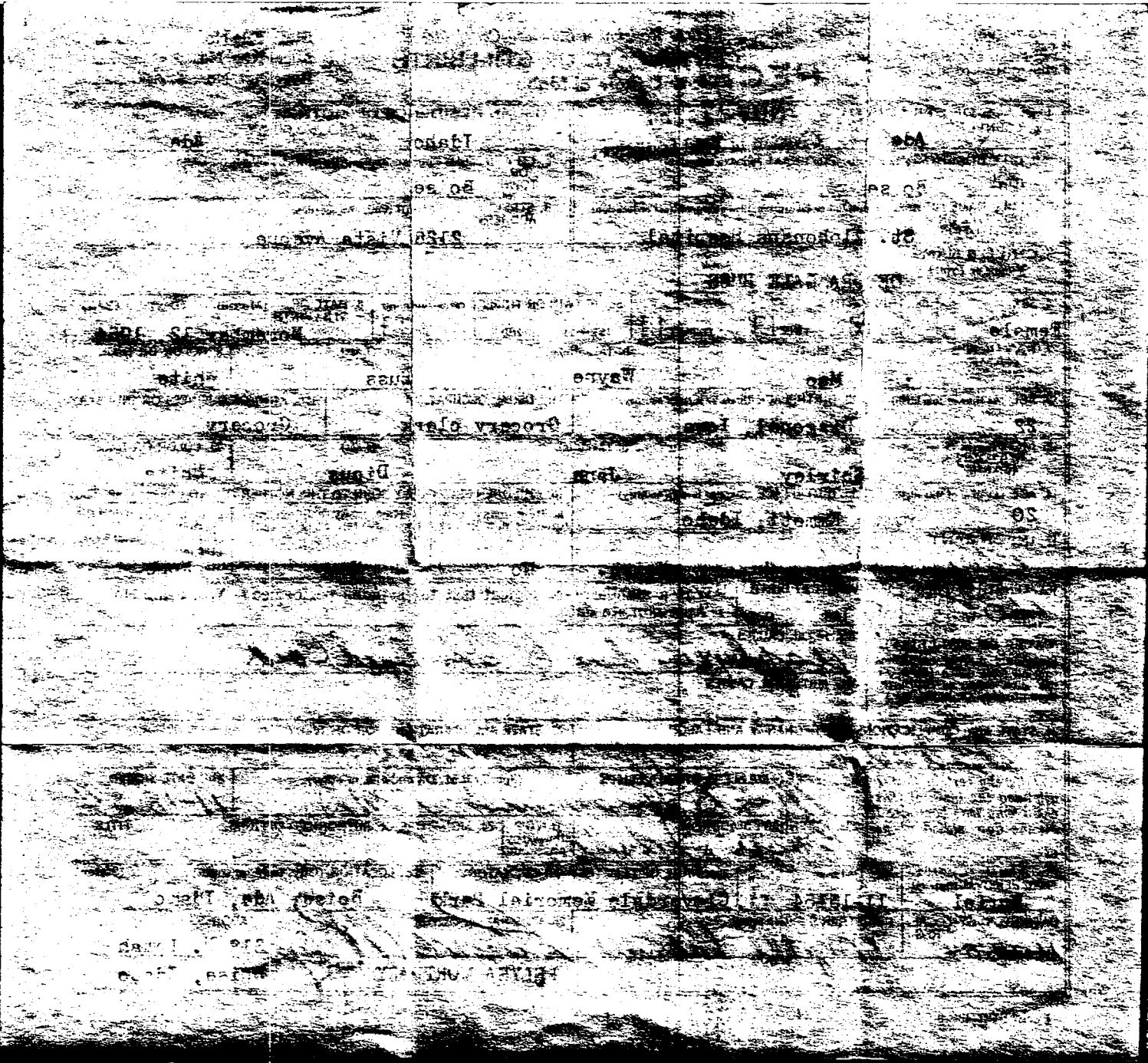
State of Idaho

State File No. 181Local Reg. No. 426Reg. Dist. No. 370

RECEIVED

NOV 27 1954

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2128 Vista Avenue</u>	
3. CHILD'S NAME (Type or Print) <u>DEBORA GALE HUSS</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 12, 1954</u>
7. FATHER'S NAME a. (First) <u>Mae</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Huss</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Diagonal, Iowa</u>	11a. USUAL OCCUPATION <u>Grocery clerk</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Shirley</u> b. (Middle) <u>Jane</u> c. (Last) <u>Dicus</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>No</u> b. How many children were born alive but are now dead? <u>No</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Mac W. Huss</u> <u>Boise.</u> <u>No</u> <u>No</u> <u>None</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u> </u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Asphyxia due to Shortened Cord</u> <u>36.0</u>	
20b. MATERNAL CAUSES <u> </u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Stillbirth</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>Max D. Edmundson MD</u>	
23b. DATE SIGNED <u>11-18-54</u>		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u> </u>		TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11-15-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Gloverdale Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Ada, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-24-54</u>	REGISTRAR'S SIGNATURE <u>Mirtle Palmer</u>	26. FUNERAL DIRECTOR <u> </u> ADDRESS <u>318 N. Latah</u> <u>Boise, Idaho</u>	



PHS-797(VS)

4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE**RECEIVED**

(1949 Revision of Standard Certificate)

NOV 24 1954

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 182Local Reg. No. 425Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3503 Alpine</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Williams</u>			
4. SEX <u>F.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-19-54</u>
7. FATHER'S NAME a. (First) <u>Louis</u> b. (Middle) <u>Newell</u> c. (Last) <u>Williams</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Calif</u>	11a. USUAL OCCUPATION <u>Topographical Compiler</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Winifred Ann</u> b. (Middle) <u>Fellers</u> c. (Last) <u>Fellers</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Louis Newell Williams</u>			
18a. LENGTH OF PREGNANCY <u>8 24</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity Premature separation Placenta</u>		
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low Forceps Del. Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:30</u> p. m.	23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>[Signature]</u>		23b. DATE SIGNED <u>11-21-54</u>
	23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>[Signature]</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	25b. DATE <u>11-24-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>At. Luke's Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-23-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR ADDRESS <u>St. Luke's Hospital, Boise, Idaho</u> <u>Walter B. Ross, Administrator</u>	

NAME		SEX	
DATE OF BIRTH		PLACE OF BIRTH	
CITY		STATE	
COUNTRY		RACE	
EDUCATION		OCCUPATION	
MARRIAGE		MILITARY SERVICE	
RELIGION		POLITICAL AFFILIATION	
CURRENT ADDRESS		PREVIOUS ADDRESSES	
TELEPHONE		MILITARY RECORDS	
CREDIT RECORDS		Criminal RECORDS	
FINANCIAL RECORDS		Mental Health RECORDS	
MEDICAL RECORDS		PSYCHOLOGICAL RECORDS	
SOCIAL RECORDS		OTHER RECORDS	

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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

DEC 21 1954

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 183

Local Reg. No. 276

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1106 East Maple</u>	
3. CHILD'S NAME (Type or Print) <u>Baby</u> <u>Boy</u> <u>Fernelius</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 3, 1954</u>
7. FATHER'S NAME a. (First) <u>BYRNE</u> b. (Middle) <u>CLEAVY</u> c. (Last) <u>FERNELIUS</u>		8. COLOR OR RACE <u>WHITE</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Unitah, Utah</u>	11a. USUAL OCCUPATION <u>Professor</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Idaho State College</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Jean</u> b. (Middle) <u>Wheelwright</u> c. (Last) <u>Wheelwright</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ogden, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Jean Fernelius</u> mother			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>9</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES <u>Intra partum asphyxia</u> 20b. MATERNAL CAUSES <u>Prolapse of umbilical cord + hand of infant</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prolapse of Cord</u>	
22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:35 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Kenneth A. Mor Jones M.D.</u>	
23b. DATE SIGNED <u>11-18-54</u>		23c. ATTENDANT'S ADDRESS <u>338 Yellowstone Pocat.</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Allen J. Manning</u>		TITLE <u>Pocatello Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>Nov. 6 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>RESTLAWN MEMORIAL</u>	25d. LOCATION (City, town, or county) (State) <u>POCATELLO BANNOCK IDAHO</u>
DATE REC'D BY LOCAL REG. <u>12-16-54</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Manning Funeral Home</u>	ADDRESS <u>510 No 12th</u>

NOV 15 2010

CERTIFICATE OF ADOPTION

State of Texas

County of _____ State of _____

Know all men by these presents, _____ of the County of _____ State of _____

do hereby certify that _____ of the County of _____ State of _____

has been duly elected _____ of the County of _____ State of _____

and that he is qualified to exercise the duties of said office.

Witness my hand and seal of office this _____ day of _____ 2010.

County Clerk

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

My commission expires _____

Notary Public

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
NOV 23 1954 State of Idaho

State File No. 184
Local Reg. No. 367
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Pocatello</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>240 South 8th</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY CAMPBELL</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 8, 1954</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>Paul</u> c. (Last) <u>Campbell</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Fargo, North Dakota</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>I. S. C.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Sharon</u> b. (Middle) <u>Gayl</u> c. (Last) <u>Spire</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lava Hot Springs, Ida.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>Two</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Robert P. Campbell, Father</u>			
18a. LENGTH OF PREGNANCY <u>21</u> WEEKS	18b. WEIGHT AT BIRTH <u>not</u> LBS. <u>done</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>August 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None known</u>		
	20b. MATERNAL CAUSES <u>None known (Habitual "abortion")</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Intermittent Bleeding since 10 wks.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:45 P. m.</u>	23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M.D., midwife, or other)		23b. DATE SIGNED <u>11-18-54</u>
	23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>11-8-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bannock Memorial Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-24-54</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Paul R. Hoff, Adm.</u>	

CERTIFICATE OF STILL BIRTH

State of Illinois

Sanrock

Rocky

Sp. 110

DAIRY HOUSE

October 8, 1941

White

White

White

White

White

White

White

White

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STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
CHICAGO, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
CHICAGO, ILLINOIS

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(1949 Revision of Standard Certificate)

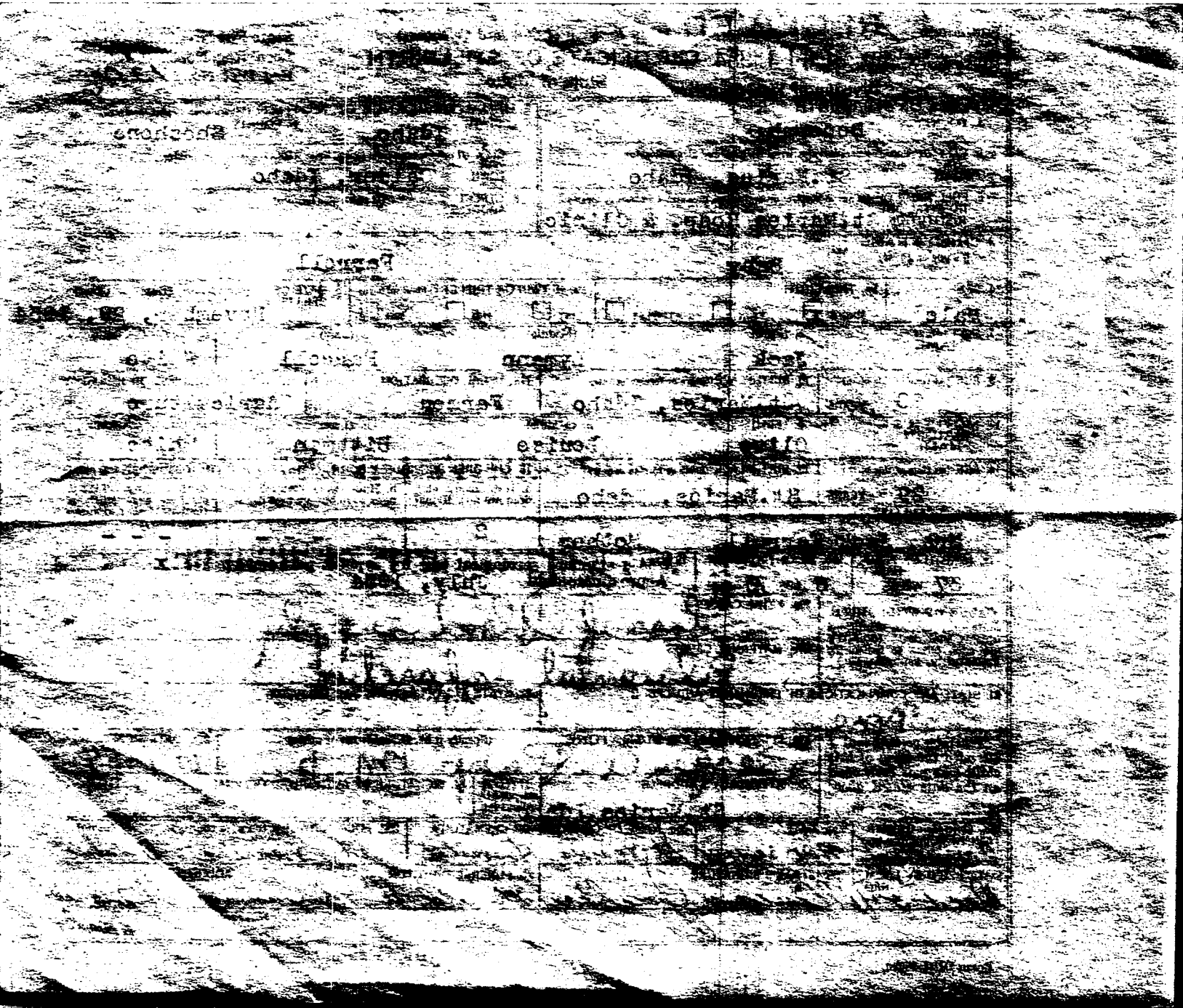
DEC 13 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 185
Local Reg. No. 138
Reg. Dist. No. 138

1. PLACE OF STILLBIRTH a. COUNTY Benewah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Maries, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Calder, Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Maries Hosp. & Clinic		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Farrell			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November, 29, 1954
7. FATHER'S NAME a. (First) Jack b. (Middle) Lymann c. (Last) Farrell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) St. Maries, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Olive b. (Middle) Louise c. (Last) Dittman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) St. Maries, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? - - - c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? - - -	
17. INFORMANT Mrs. Jack Farrell Mother			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Loss of blood supply 20b. MATERNAL CAUSES Placental infarction		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE Bergen A. Rapp M.D. 23c. ATTENDANT'S ADDRESS St. Maries, Idaho	23b. DATE SIGNED 12-1-54 23d. SIGNATURE OF AUTHORIZED OFFICIAL Herald E. Browning TITLE Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE Nov. 30, 1954	25c. NAME OF CEMETERY OR CREMATORY St. Maries Hospital	25d. LOCATION (City, town, or county) (State) St. Maries Idaho
DATE REC'D BY LOCAL REG. Dec 1-54	REGISTRAR'S SIGNATURE Wesley Jackson	26. FUNERAL DIRECTOR Herald E. Browning ADDRESS St. Maries Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. 186
Local Reg. No. 180
Reg. Dist. No. 6.2.2

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u> d. STREET ADDRESS (If rural, give location) <u>Bird's Motel Apt.#20</u>	
3. CHILD'S NAME (Type or Print) <u>NOT NAMED</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 2, 1954</u>
7. FATHER'S NAME a. (First) <u>Raymond</u> b. (Middle) <u>Dale</u> c. (Last) <u>Mitchell</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rogersville, Missouri</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Starch Factory</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Darlene</u> b. (Middle) <u>Joyce</u> c. (Last) <u>Severance</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>16</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Elk River, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Raymond Dale Mitchell</u> Father			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u> 20b. MATERNAL CAUSES <u>Premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>L. J. Bingham</u> (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>	23b. DATE SIGNED <u>November 8, 1954</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Acting - 25 FUNERAL DIRECTOR</u> TITLE <u>Blackfoot, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>November 2</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov. 9-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Charles E. Farnie</u> ADDRESS <u>Blackfoot, Idaho</u>		

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED (1949 Revision of Standard Certificate)

NOV 30 1954 CERTIFICATE OF STILLBIRTH

State File No. 187
Local Reg. No. 245
Reg. Dist. No. 616

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Idaho Falls L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 132 East 13th Street	
3. CHILD'S NAME (Type or Print) BABY CRYSTAL			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 13, 1954
7. FATHER'S NAME a. (First) Don b. (Middle) Vard c. (Last) Crystal		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Garfield, Idaho	11a. USUAL OCCUPATION Service Station Attendant.	11b. KIND OF BUSINESS OR INDUSTRY Petroleum
12. MOTHER'S MAIDEN NAME a. (First) Nona b. (Middle) Mardel c. (Last) Frisk		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Grant, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Dr. J. Crystal		18a. LENGTH OF PREGNANCY WEEKS	
18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date August 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Pre-maturity - 5 1/2 mna Gestation.	
20b. MATERNAL CAUSES Premature Labor - Due Placenta Previa.		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hemorrhage	
22. STATE ALL OPERATIONS FOR DELIVERY none		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Eldon Tall, M.D.	
23b. DATE SIGNED 11/20/54		23c. ATTENDANT'S ADDRESS Rigby, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Bruce A. Eckerd		23e. TITLE Rigby, Idaho.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 11/14/1954	
25c. NAME OF CEMETERY OR CREMATORY Grant Central Cem.		25d. LOCATION (City, town, or county) (State) Grant Jefferson Idaho.	
DATE REC'D BY LOCAL REG. Nov. 24-1954		REGISTRAR'S SIGNATURE Anna Bridges	
26. FUNERAL DIRECTOR Bruce A. Eckerd		ADDRESS Rigby, Idaho.	

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 188
Local Reg. No. 86
Reg. Dist. No. 360

NOV 22 1954

1. PLACE OF BIRTH a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Owyhee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Home data</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	
3. CHILD'S NAME (Type or Print) <u>HORACE Dain Jennell</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 8 - 1954</u>
7. FATHER'S NAME a. (First) <u>HORACE</u> b. (Middle) <u>C.</u> c. (Last) <u>Jennell</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Valiant - Oklahoma</u>	11a. USUAL OCCUPATION <u>farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Velda</u> b. (Middle) <u>Jene</u> c. (Last) <u>Abbott</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Grimes - Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Velda Jennell</u>			
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>4 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>36.0</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Compression of cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:00</u> p.m.		23a. ATTENDANT'S SIGNATURE <u>Nel E. Reynolds</u> M.D.	23b. DATE SIGNED <u>Nov 9-54</u>
23c. ATTENDANT'S ADDRESS <u>222 E Logan</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Peckham-Duncan</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov. 10-1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-17-54</u>	REGISTRAR'S SIGNATURE <u>Amy M. Newman</u>	26. FUNERAL DIRECTOR <u>Peckham-Duncan</u> ADDRESS <u>Caldwell, Idaho</u>	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

DATE

TO

FROM

SUBJECT

REMARKS

INITIALS

SIGNATURE

TITLE

OFFICE

TELEPHONE

MAILING ADDRESS

DATE OF BIRTH

DATE OF DEATH

DATE OF INTERVIEW

DATE OF REPORT

DATE OF REVIEW

DATE OF APPROVAL

DATE OF CLOSURE

DATE OF REOPENING

DATE OF RE-EVALUATION

DATE OF RE-APPROVAL

DATE OF RE-CLOSURE

DATE OF RE-OPENING

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DATE OF RE-APPROVAL

DATE OF RE-CLOSURE

DATE OF RE-OPENING

RECEIVED

(1949 Revision of Standard Certificate)

DEC 3 1954 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 189

Local Reg. No. 7

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH

a. COUNTY Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampac. FULL NAME OF HOSPITAL OR INSTITUTION
Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY Canyon

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Nampad. STREET ADDRESS (If rural, give location)
320 Lone Star

3. CHILD'S NAME

(Type or Print)

PAMELA

KAY

BRYANT

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

October 22, 1954

7. FATHER'S NAME

a. (First)

Donald

b. (Middle)

c. (Last)

Bryant

8. COLOR OR RACE

White

9. AGE (At time of this birth)

23

YEARS

10. BIRTHPLACE (State or foreign country)

Golden, Missouri

11a. USUAL OCCUPATION

Switchman - R.R.

11b. KIND OF BUSINESS OR INDUSTRY

Union Pacific

12. MOTHER'S MAIDEN NAME

a. (First)

Bonnie

b. (Middle)

c. (Last)

Horner

13. COLOR OR RACE

White

14. AGE (At time of this birth)

21

YEARS

15. BIRTHPLACE (State or foreign country)

Nampa, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

18a. LENGTH OF PREGNANCY
26 WEEKS18b. WEIGHT AT BIRTH
2 LBS. 11 OZS.19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date June 1954

36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Placenta Separation - Placenta previa

22. STATE ALL OPERATIONS FOR DELIVERY

Episiotomy, Version + Extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

Helen M. Hastings M.D.

23c. ATTENDANT'S ADDRESS

Nampa

23b. DATE SIGNED

11-25-54

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Oct. 25, 1954

25c. NAME OF CEMETERY OR CREMATORY

Kohlerlawn Cemetery

25d. LOCATION (City, town, or county)

Nampa, Idaho

(State)

DATE REC'D BY LOCAL REG.

Dec. 1, 1954

REGISTRAR'S SIGNATURE

Mrs. Jane Stead

26. FUNERAL DIRECTOR

John F. Alsip, Jr.

ADDRESS

Nampa, Idaho

Alsip Funeral Chapel

Form with multiple sections and fields, heavily obscured by noise and artifacts. Visible text includes:

Section 1 (Top):
NAME: [Illegible]
ADDRESS: [Illegible]
CITY: [Illegible]
STATE: [Illegible]
ZIP: [Illegible]

Section 2 (Middle):
DATE: [Illegible]
TIME: [Illegible]
LOCATION: [Illegible]

Section 3 (Bottom):
REMARKS: [Illegible]

RECEIVED

(1949 Revision of Standard Certificate)

DEC 3 1954

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

190

Local Reg. No.

Reg. Dist. No.

36.2

1. PLACE OF STILLBIRTH

a. COUNTY

anyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Nampa

c. FULL NAME OF
HOSPITAL OR
INSTITUTION

amaritan Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

anyon

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Nampa

d. STREET
ADDRESS

(If rural, give location)

419 1/2 20th Ave So.

3. CHILD'S NAME

((Type or Print))

KATHIE LOUISE PAYNE

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF BIRTH (Month) (Day) (Year)

STILLBIRTH

Nov. 17 1954

7. FATHER'S
NAME

a. (First)

Dawson

b. (Middle)

F.

c. (Last)

Payne

8. COLOR OR RACE

White

9. AGE (At time of this birth)

27

YEARS

10. BIRTHPLACE (State or foreign country)

Ider, Alabama

11a. USUAL OCCUPATION

Conductor

11b. KIND OF BUSINESS OR INDUSTRY

Railroad

12. MOTHER'S
MAIDEN
NAME

a. (First)

Louise

b. (Middle)

N.

c. (Last)

Clark

13. COLOR OR RACE

White

14. AGE (At time of this birth)

21

YEARS

15. BIRTHPLACE (State or foreign country)

Paragould, Arkansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children
are now living?

1

b. How many children were
born alive but are now dead?c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?

17. INFORMANT

18a. LENGTH OF PREG-
NANCY

WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Preliminary exam - 2 wks ago -

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

22. STATE ALL OPERATIONS FOR DELIVERY

Preliminary exam - 2 wks ago -

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

11-20-54

23c. ATTENDANT'S ADDRESS

Nampa, Idaho

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

Nov. 20, 1954

25c. NAME OF CEMETERY OR CREMATORY

Kehlerlawn Cemetery

25d. LOCATION (City, town, or county)

Nampa, Idaho

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

Dec. 1, 1954 Mrs. Jane

26. FUNERAL DIRECTOR

ADDRESS

Alsip Funeral Chapel

Nampa, Idaho

150

CERTIFICATE OF REGISTRATION

Division of Motor Vehicles

State of New York

County of ...

Name

It is hereby certified that the within and foregoing is a true and correct copy of the record on file in the office of the Division of Motor Vehicles, State of New York, on the ... day of ... 19...

Witness my hand and the seal of the Division of Motor Vehicles, at Albany, New York, this ... day of ... 19...

Director

Notary Public

My Comm. Expires

Notary Public

My Comm. Expires

Signature

Name

Signature

Name

Witness

Signature

It is hereby certified that the within and foregoing is a true and correct copy of the record on file in the office of the Division of Motor Vehicles, State of New York, on the ... day of ... 19...

Signature

Name

Signature

Notary Public

It is hereby certified that the within and foregoing is a true and correct copy of the record on file in the office of the Division of Motor Vehicles, State of New York, on the ... day of ... 19...

Witness my hand and the seal of the Division of Motor Vehicles, at Albany, New York, this ... day of ... 19...

Director

Notary Public

My Comm. Expires

Signature

Name

Signature

Name

12-00-11

Signature

Name

Name

Signature

RECEIVED
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 191

Local Reg. No. 2

Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH a. COUNTY <i>Caribou</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Caribou</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Soda Springs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Soda Springs</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Caribou County Register</i>		d. STREET ADDRESS (If rural, give location) <i></i>	
3. CHILD'S NAME (Type or Print) <i>(Infant)</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Nov. 19 1954</i>
7. FATHER'S NAME a. (First) <i>Earl</i> b. (Middle) <i>John</i> c. (Last) <i>Jorgensen</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>44</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Newton Utah</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Erma</i> b. (Middle) <i></i> c. (Last) <i>Banks</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>41</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>1</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Earl Jorgensen</i>			
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS	18b. WEIGHT AT BIRTH LBS. <i></i> OZS. <i></i>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i></i>	
20a. FETAL CAUSES <i>Umbilical cord wrapped tightly about neck</i>		20b. MATERNAL CAUSES <i>none</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above <i>at</i> <i>m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>R. Dean Benedict M.D.</i>	
23b. DATE SIGNED <i>11-23-54</i>		23c. ATTENDANT'S ADDRESS <i></i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i></i>		TITLE <i></i>	
25a. BURIAL CREMATION (Specify) <i>Buried</i>	25b. DATE <i>Nov. 20, 1954</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Grace Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Idaho</i>
DATE REC'D BY LOCAL REG. <i>11-26-54</i>	REGISTRAR'S SIGNATURE <i>Betty Mae Burton</i>	26. FUNERAL DIRECTOR <i>Headover A. Allen</i>	ADDRESS <i>Soda Springs, Idaho</i>

100

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

10-10-68

1972-1973

100

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. 192
Local Reg. No. 338
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY Cassia b. CITY (If outside corporate limits, write RURAL and give township) Burley c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia c. CITY (If outside corporate limits, write RURAL and give township) Almo d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Durfee			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 19 1954
7. FATHER'S NAME a. (First) Cleon b. (Middle) c. (Last) Durfee		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Almo, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Opal b. (Middle) c. (Last) Jones		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Almo, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Cleon Durfee, Almo, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none 20b. MATERNAL CAUSES Placental Infarct -	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1006 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. P. Plummer M.D. 23b. DATE SIGNED 11/21/54	
23c. ATTENDANT'S ADDRESS Burley, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL Kenn B. McCullach TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Nov. 20, 1954	25c. NAME OF CEMETERY OR CREMATORY Sunny Cedar Rest	25d. LOCATION (City, town, or county) (State) Almo, Idaho
DATE REC'D BY LOCAL REG. 11-26-54		26. FUNERAL DIRECTOR ADDRESS Kenn B. McCullach, Burley, Idaho.	

STATE OF NEW YORK
IN SENATE
January 12, 1910

STATE OF NEW YORK
IN SENATE
January 12, 1910

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
FOR THE YEAR 1909

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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PMS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

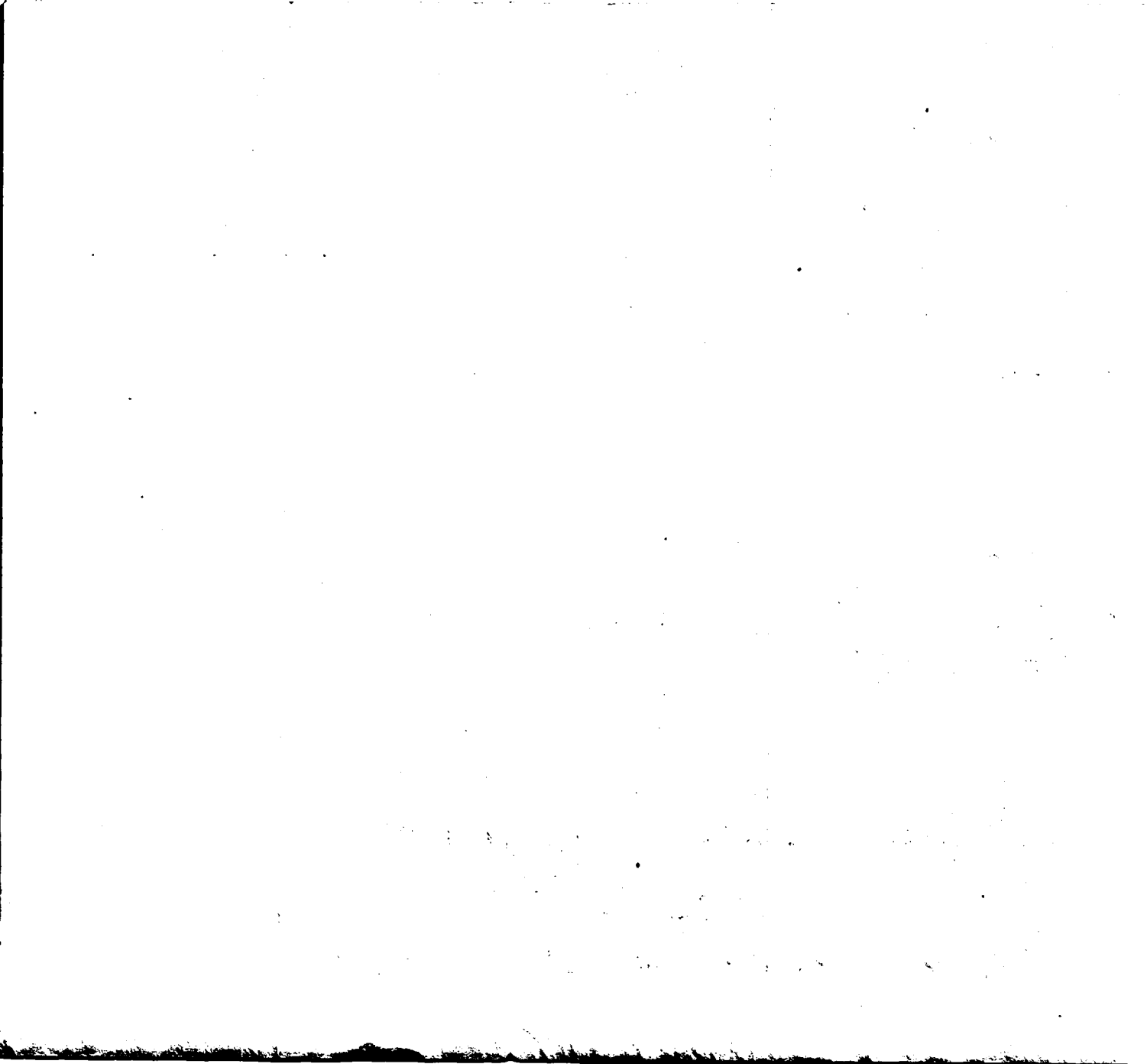
(1949 Revision of Standard Certificate)

RECEIVED STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 630

NOV 27 1954 State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg, Idaho</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tetonia (Rural)</u> d. STREET ADDRESS (If rural, give location) <u>2 miles So. 1 mile E. 1/4 mile So.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Hansen</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 2 1954</u>
7. FATHER'S NAME a. (First) <u>Neils Jense LeRoy</u> b. (Middle) <u>Hansen</u> c. (Last) <u>Hansen</u>		8. COLOR OR RACE <u>cauc.</u>	
9. AGE (At time of this birth) <u>46</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Tetonia, Idaho</u>	11a. USUAL OCCUPATION <u>ranching</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>ranch</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Hazel</u> b. (Middle) <u>Lemon</u> c. (Last) <u>cauc.</u>		13. COLOR OR RACE <u>cauc.</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Tuckwilla, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>N.J. LeRoy Hansen, Father</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>13 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May '54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>34.6</u>	
20b. MATERNAL CAUSES <u>Ruptured Uterus with placental separation</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY <u>cesarean section</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D.D. Hoffman, M.D.</u>	
23b. DATE SIGNED <u>11-3-54</u>		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>11/2/54</u>	25b. DATE <u>11/2/54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cade Chason</u>	25d. LOCATION (City, town, or county) (State) <u>Tetona County, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11/24/54</u>		REGISTRAR'S SIGNATURE <u>Lena Hansen</u>	
26. FUNERAL DIRECTOR <u>N.J. LeRoy Hansen</u>		ADDRESS	



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

DEC 3 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 29

Reg. Dist. No. 502

1. PLACE OF STILLBIRTH

a. COUNTY Power

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN American Fallsc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Schiltz Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho b. COUNTY Bingham

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Aberdeen

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME

(Type or Print)

Mathilda V. Bartel

4. SEX

female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐6. DATE OF STILLBIRTH (Month) (Day) (Year)
11 25 54

7. FATHER'S NAME

a. (First)

Milton

b. (Middle)

O.

c. (Last)

Bartel

8. COLOR OR RACE

white

9. AGE (At time of this birth)

38

YEARS

10. BIRTHPLACE (State or foreign country)

Aberdeen, Idaho

11a. USUAL OCCUPATION

farmer

11b. KIND OF BUSINESS OR INDUSTRY

farming

12. MOTHER'S MAIDEN NAME

a. (First)

Hilda

b. (Middle)

Verna

c. (Last)

Warkentin

13. COLOR OR RACE

white

14. AGE (At time of this birth)

36

YEARS

15. BIRTHPLACE (State or foreign country)

Goessel, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

none

b. How many children were born alive but are now dead?

none

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

none

17. INFORMANT

Milton O. Bartel

18a. LENGTH OF PREG-
NANCY
WEEKS
3518b. WEIGHT AT BIRTH
LBS. 4 OZS.19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Toxicity of mother

30.2

20b. MATERNAL CAUSES

Pre-eclampsia and hypertension complicating diabetes mellitus

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Pre-eclampsia

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

B. G. Harms, M.D.

23b. DATE SIGNED

11-26-54

23c. ATTENDANT'S ADDRESS

American Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)
burial

25b. DATE

11-27-54

25c. NAME OF CEMETERY OR CREMATORY

Homestead Cemetery

25d. LOCATION (City, town, or county)

SW of Aberdeen

(State)

Idaho

DATE REC'D BY LOCAL REG.

Nov. 26-1954

REGISTRAR'S SIGNATURE

Gertrude Thornhill

26. FUNERAL DIRECTOR

H. J. ...

ADDRESS

American Falls, Idaho

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

NAME OF SUBJECT	DATE OF BIRTH	PLACE OF BIRTH
JOHN J. [illegible]	[illegible]	[illegible]
EDUCATION	RELIGION	POLITICAL AFFILIATION
[illegible]	[illegible]	[illegible]
DATE OF INTERVIEW	BY	AT
[illegible]	[illegible]	[illegible]

STATE OF [illegible]	COUNTY OF [illegible]	CITY OF [illegible]
DATE OF INTERVIEW	BY	AT
[illegible]	[illegible]	[illegible]
DATE OF INTERVIEW	BY	AT
[illegible]	[illegible]	[illegible]

DATE OF INTERVIEW	BY	AT
[illegible]	[illegible]	[illegible]
DATE OF INTERVIEW	BY	AT
[illegible]	[illegible]	[illegible]

DATE OF INTERVIEW	BY	AT
[illegible]	[illegible]	[illegible]
DATE OF INTERVIEW	BY	AT
[illegible]	[illegible]	[illegible]

RECEIVED

NOV 17 1954

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 195

Local Reg. No. 547

Reg. Dist. No. 462

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buhl</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magie Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>509 - 9th. Av. - Buhl.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Matthews</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-5-54</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>N.</u> c. (Last) <u>Matthews</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ukiah, Calif.</u>	11a. USUAL OCCUPATION <u>laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber mill</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Alida</u> b. (Middle) <u>Marilyn</u> c. (Last) <u>Aplet</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>mother Mrs. Robt. Matthews</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Unknown</u>		
	20b. MATERNAL CAUSES <u>Unknown</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Vern H. Anderson, M.D.</u>		23b. DATE SIGNED <u>11-5-54</u>
	23c. ATTENDANT'S ADDRESS	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Nov. 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Agel Nelson</u>	26. FUNERAL DIRECTOR ADDRESS <u>J. Woodson Creed, m.d. Pathologist</u> <u>Magie Valley Memorial Hosp.</u>	

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CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Washington</u> <u>Division of Vital Statistics</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Payette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Payette</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weiser Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1510 - 1st Ave. South</u>	
3. CHILD'S NAME (Type or Print) <u>GERALD JENNINGS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 12, 1954</u>
7. FATHER'S NAME a. (First) <u>Thomas</u> b. (Middle) <u>J.</u> c. (Last) <u>Jennings</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	11a. USUAL OCCUPATION <u>U.S. Air Force</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Soldier</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lela</u> b. (Middle) <u>Alene</u> c. (Last) <u>Rhodes</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Valentine, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Thomas Jennings</u>			
18a. LENGTH OF PREGNANCY <u>29</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>3</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>.....</u> Approximate date <u>Nov. 9th 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Placental Separation</u>		20a. FETAL CAUSES <u>Placental Separation</u> 20b. MATERNAL CAUSES <u>Rh. Factor</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:25 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M. D.</u> 23b. DATE SIGNED <u>Nov. 13, 1954</u>	
23c. ATTENDANT'S ADDRESS <u>Weiser, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Gifford R. Shaffer</u> TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>11/13/1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Payette, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-13-54</u>	REGISTRAR'S SIGNATURE <u>Marie Hawthorn</u>	26. FUNERAL DIRECTOR <u>Gifford R. Shaffer</u> ADDRESS <u>Payette, Idaho</u>	

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(104th Revision of Standard Certificate)

DEC 18 1954 CERTIFICATE OF STILLBIRTH

State File No.

Local Reg. No. 453Reg. Dist. No. 378

197

Dr. Herbert L. ~~Swanson~~ *Swanson*

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1326 Vermont Avenue</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY CROSSLEY</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 4, 1954</u>
7. FATHER'S NAME a. (First) <u>Douglas Wallc</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Crossley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nounan, Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Patricia</u> b. (Middle) c. (Last) <u>Wilmot</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Douglas W. Crossley</u>			
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>4</u> OZS.	18c. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Abruptio Placentae</u> <u>30.4</u>	
		20b. MATERNAL CAUSES <u>Chronic Nephritis, with Hypertension</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>P.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>H. L. Swanson</u> <u>M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		23b. DATE SIGNED <u>12.6.54</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Conrad R. Relyea</u>		TITLE <u>RELIEA MORTUARY</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>DEC 6 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Ada, Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-14-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Conrad R. Relyea</u> <u>RELIEA MORTUARY</u> <u>318 N. Latah</u> <u>Boise, Idaho</u>	

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RECEIVED
CERTIFICATE OF STILLBIRTH

JAN 3 1955

State of Idaho

State File No.

Local Reg. No. 478

Reg. Dist. No. 370

198

1. PLACE OF BIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>4016 Albion</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY PEARSON</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 19, 1954</u>
7. FATHER'S NAME a. (First) <u>Lynn</u> b. (Middle) <u>Alden</u> c. (Last) <u>Pearson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Belle Furch, South D.</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Drugs</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Kathleen</u> b. (Middle) <u>Mae</u> c. (Last) <u>Nellist</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Spokane, Washington</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>William R. McNamee</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cord about neck 2 times, 36.0</u> 20b. MATERNAL CAUSES <u>0</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>Robert W. Brooks</u> 23b. DATE SIGNED <u>12-23-54</u> 23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u> IF NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Myrtle Palmer</u>		TITLE <u>REG. N. Iatah</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>12-23-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Alphonsus Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Ada, Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-23-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>RELYEA MORTUARY</u> <u>Boise, Idaho</u>	

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Certificate of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DEC 29 1954
State of Idaho

State File No. 199
Local Reg. No. 313
Reg. Dist. No. 311

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Pocatello,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. STREET ADDRESS (If rural, give location) Rt. 1 (Groveland)	
3. CHILD'S NAME (Type or Print) BLAINE WORTHEN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 12, 1954
7. FATHER'S NAME a. (First) David b. (Middle) Curtis c. (Last) Worthen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Elma b. (Middle) Ransom c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Curtis Worthen</i>			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 11 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date July, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Anoxia, Probably due to pressure on umbilical cord.		20a. FETAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Frank Buech		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. P. M. M. D.	
23b. DATE SIGNED 12-14-54		24. SIGNATURE OF AUTHORIZED OFFICIAL John C. Sandberg	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 12-14-54	25c. NAME OF CEMETERY OR CREMATORY Groveland Cemetery
25d. LOCATION (City, town, or county) (State) Rt. 1, Blackfoot, Idaho.		26. FUNERAL DIRECTOR John C. Sandberg	
DATE REC'D BY LOCAL REG. 12-28-54		REGISTERAR'S SIGNATURE Elene Muir	

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(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

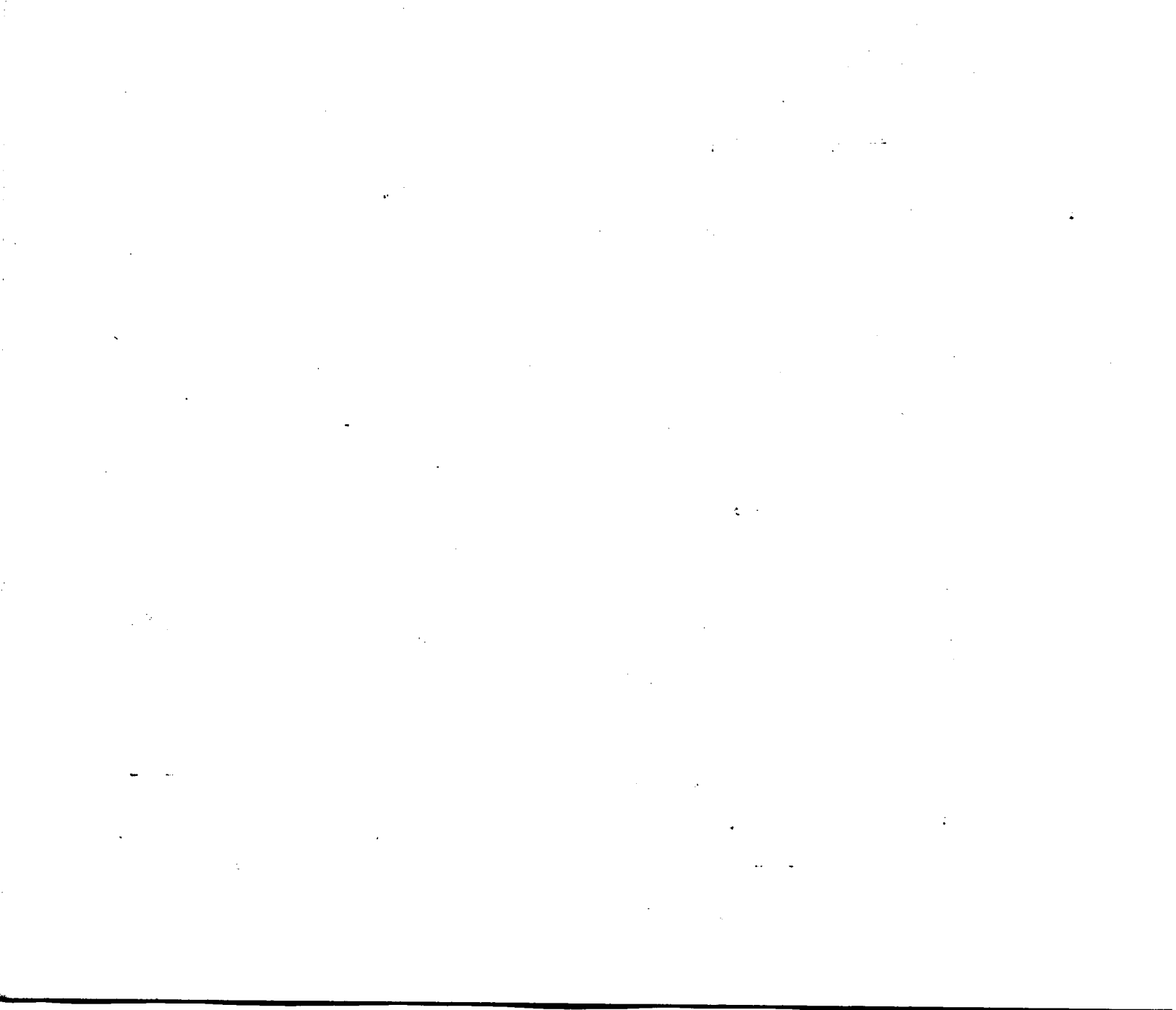
State File No.

Local Reg. No.

Reg. Dist. No.

200

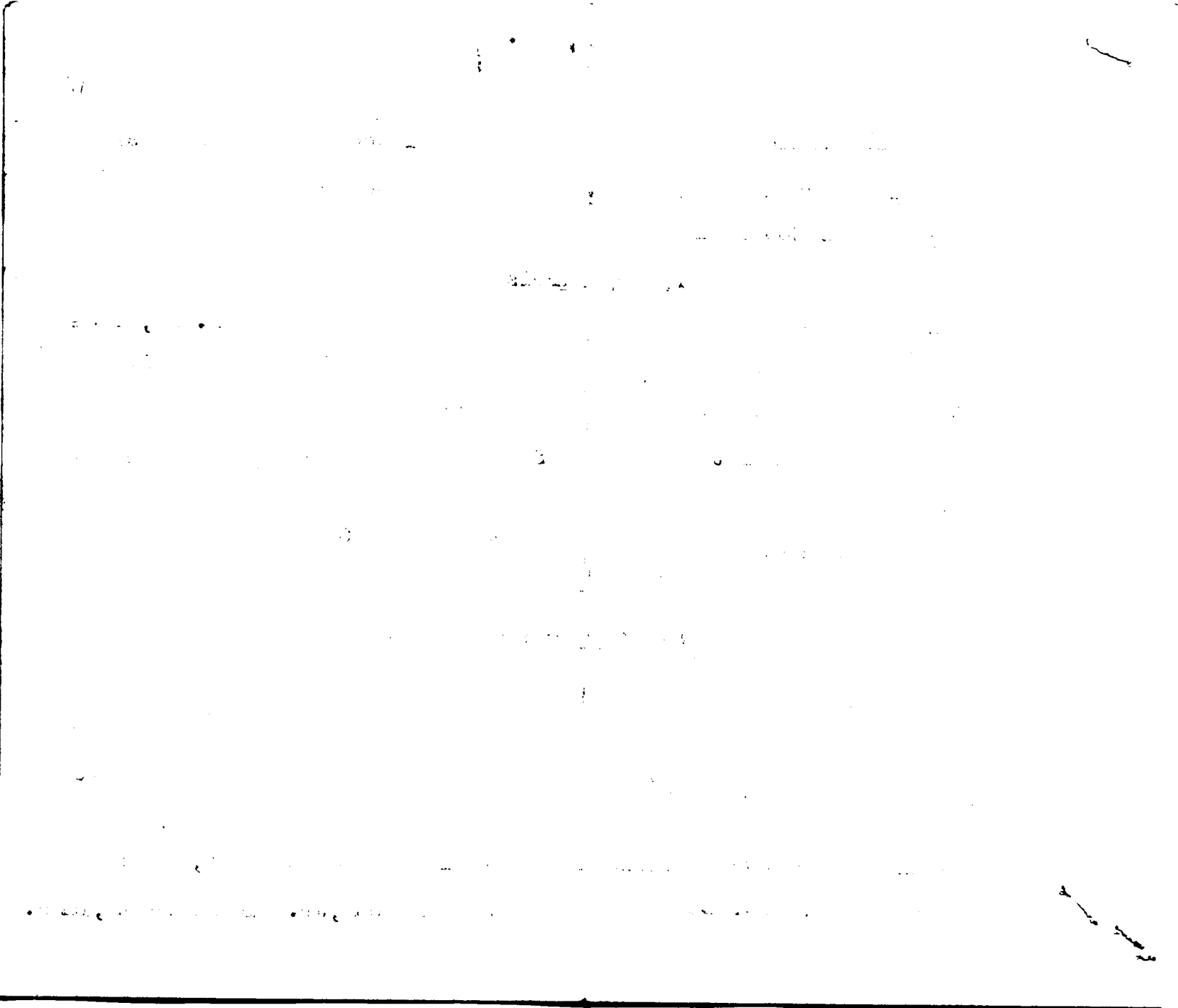
1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Blackfoot		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #3	
3. CHILD'S NAME (Type or Print) Not Named			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 26, 1954
7. FATHER'S NAME a. (First) Fred b. (Middle) Keith c. (Last) Merrall		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Ada b. (Middle) Arlene c. (Last) Danstrom		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Lehi, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Four b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Shed Keith Merrall			
18a. LENGTH OF PREG-NANCY 34 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Cord tightly wrapped around neck four times		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:21 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ralph Beates M.D.	
23b. DATE SIGNED 12-31-54		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL Wm. C. O'Stergan		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	25b. DATE 12-27-54	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
DATE REC'D BY LOCAL REG. Dec 31 1954		REGISTRAR'S SIGNATURE Mrs. Calvin E. Vane	



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STATE OF IDAHO
DEC 20 1954

State File No. 201
Local Reg. No. 254
Reg. Dist. No. 670

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roberts	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LDS Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Harris			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 29, 1954
7. FATHER'S NAME a. (First) Wallace b. (Middle) R c. (Last) Harris		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Violet b. (Middle) S c. (Last) McClure		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Wanda Harris			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Knot (true) in umbilical cord 36.0	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harvey A. Hatch M.D.	
23b. DATE SIGNED Dec 1, 1954		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL James A. Wood, Jr.		TITLE Idaho Falls, Idaho.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/30/54	25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Dec. 14 - 1954	REGISTRAR'S SIGNATURE Anna Bridges	26. FUNERAL DIRECTOR James A. Wood, Jr.	



Joe Bates

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JAN 18 1955

(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

State File No. 212

Local Reg. No. 274

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where mother lives) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1298 Moand. Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Colson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec 29 - 1954</u>
7. FATHER'S NAME a. (First) <u>Russell</u> b. (Middle) c. (Last) <u>Colson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>33</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Chicot, Idaho</u>	
11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Johnson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Wallins Creek, ID.</u>	
17. INFORMANT <u>Russell S. Colson</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS		18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>13</u> OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cord around neck 3 times</u> 20b. MATERNAL CAUSES <u>Prematurity -</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Placenta Areta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Manual removal of Placenta</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Joseph M. Hatch MD</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>7 Jan 55</u>	
23a. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>L. A. Williams</u> TITLE <u>Idaho Falls</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Dec 31, 1954</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Fielding Memorial Park</u>		25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13 1955</u>		26. FUNERAL DIRECTOR <u>L. A. Williams</u> ADDRESS <u>Idaho Falls</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 203

Local Reg. No. 118

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Boise</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Logan, Ida.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell, Ida.</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Caldwell Memorial</i>		d. STREET ADDRESS (If rural, give location) <i>Logan St.</i>	
3. CHILD'S NAME (Type or Print) <i>Douglas Burl Newell</i> <i>Baby Newell</i>			
4. SEX <i>M</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>12-27-54</i>
7. FATHER'S NAME a. (First) <i>Claude</i> b. (Middle) <i>B.</i> c. (Last) <i>Newell</i>		8. COLOR OR RACE <i>W.</i>	
9. AGE (At time of this birth) <i>22</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Boise, Ida</i>	11a. USUAL OCCUPATION <i>Saw mill worker</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Saw m. ll.</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Mary Lew Gene</i> b. (Middle) <i>Hilda</i> c. (Last) <i>Bittick</i>		13. COLOR OR RACE <i>W.</i>	
14. AGE (At time of this birth) <i>26</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Caldwell, Ida</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>1</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Claude B. Newell</i>			
18a. LENGTH OF PREGNANCY <i>38</i> WEEKS	18b. WEIGHT AT BIRTH <i>10</i> LBS. <i>2</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>July 1954</i> <i>37.0</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Birth injury - fractured neck.</i>		20b. MATERNAL CAUSES <i>none except contracted pelvis.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Contracted pelvis</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Forceps</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>E. L. Drumm M.D.</i>	
23b. DATE SIGNED <i>12/27/54</i>		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>E. L. Drumm</i>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Dec. 29, 1954</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Ten Davis Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Near Parma, Idaho</i>
DATE REC'D BY LOCAL REG. <i>12-30-54</i>	REGISTRAR'S SIGNATURE <i>Agnes M. Denman</i>	26. FUNERAL DIRECTOR <i>E. L. Drumm</i> <i>Peckham-Dakan Chapel</i> <i>Caldwell, Idaho</i>	

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DISCUSSION

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[The page contains extremely faint, illegible markings and noise.]

1. Name of the person: John Doe
 2. Address: 123 Main St, New York, NY 10001
 3. Date of birth: 01/01/1980
 4. Sex: M
 5. Race: W
 6. Height: 5'10"
 7. Weight: 180 lbs
 8. Eyes: B
 9. Hair: B
 10. Skin: Fair
 11. Blood type: O+
 12. Social Security Number: 123-45-6789
 13. Date of issue: 01/01/2020
 14. Date of expiration: 01/01/2025
 15. Issued by: John Doe
 16. Signature: [Signature]
 17. Date of signature: 01/01/2020
 18. Place of signature: New York, NY
 19. Name of the official: John Doe
 20. Title of the official: Mayor
 21. Date of appointment: 01/01/2020
 22. Place of appointment: New York, NY
 23. Name of the institution: New York City
 24. Address of the institution: 100 Wall St, New York, NY 10005
 25. Date of establishment: 01/01/1790
 26. Place of establishment: New York, NY
 27. Name of the country: USA
 28. Address of the country: Washington, DC
 29. Date of independence: 07/04/1776
 30. Place of independence: Philadelphia, PA
 31. Name of the president: Donald Trump
 32. Title of the president: President
 33. Date of inauguration: 01/20/2017
 34. Place of inauguration: Washington, DC
 35. Name of the vice president: Mike Pence
 36. Title of the vice president: Vice President
 37. Date of inauguration: 01/20/2017
 38. Place of inauguration: Washington, DC
 39. Name of the speaker of the house: Paul Ryan
 40. Title of the speaker of the house: Speaker of the House
 41. Date of inauguration: 01/03/2019
 42. Place of inauguration: Washington, DC
 43. Name of the president of the senate: Mike Pence
 44. Title of the president of the senate: President of the Senate
 45. Date of inauguration: 01/20/2017
 46. Place of inauguration: Washington, DC
 47. Name of the chief justice: John Roberts
 48. Title of the chief justice: Chief Justice of the Supreme Court
 49. Date of appointment: 09/08/2005
 50. Place of appointment: Washington, DC
 51. Name of the justice: John Roberts
 52. Title of the justice: Justice of the Supreme Court
 53. Date of appointment: 09/08/2005
 54. Place of appointment: Washington, DC
 55. Name of the justice: Stephen Breyer
 56. Title of the justice: Justice of the Supreme Court
 57. Date of appointment: 09/08/2005
 58. Place of appointment: Washington, DC
 59. Name of the justice: Sonia Sotomayor
 60. Title of the justice: Justice of the Supreme Court
 61. Date of appointment: 08/07/2009
 62. Place of appointment: Washington, DC
 63. Name of the justice: Ethel S. Rosenberg
 64. Title of the justice: Justice of the Supreme Court
 65. Date of appointment: 08/07/2009
 66. Place of appointment: Washington, DC
 67. Name of the justice: William J. Brennan Jr.
 68. Title of the justice: Justice of the Supreme Court
 69. Date of appointment: 09/08/2005
 70. Place of appointment: Washington, DC
 71. Name of the justice: Thurgood Marshall
 72. Title of the justice: Justice of the Supreme Court
 73. Date of appointment: 09/08/2005
 74. Place of appointment: Washington, DC
 75. Name of the justice: Charles Evans Hughes
 76. Title of the justice: Justice of the Supreme Court
 77. Date of appointment: 09/08/2005
 78. Place of appointment: Washington, DC
 79. Name of the justice: William O. Douglas
 80. Title of the justice: Justice of the Supreme Court
 81. Date of appointment: 09/08/2005
 82. Place of appointment: Washington, DC
 83. Name of the justice: Earl Warren
 84. Title of the justice: Justice of the Supreme Court
 85. Date of appointment: 09/08/2005
 86. Place of appointment: Washington, DC
 87. Name of the justice: John Marshall
 88. Title of the justice: Justice of the Supreme Court
 89. Date of appointment: 09/08/2005
 90. Place of appointment: Washington, DC
 91. Name of the justice: Chief Justice John Marshall
 92. Title of the justice: Chief Justice of the Supreme Court
 93. Date of appointment: 09/08/2005
 94. Place of appointment: Washington, DC
 95. Name of the justice: John Jay
 96. Title of the justice: Justice of the Supreme Court
 97. Date of appointment: 09/08/2005
 98. Place of appointment: Washington, DC
 99. Name of the justice: John Rutledge
 100. Title of the justice: Justice of the Supreme Court
 101. Date of appointment: 09/08/2005
 102. Place of appointment: Washington, DC
 103. Name of the justice: James Iredell
 104. Title of the justice: Justice of the Supreme Court
 105. Date of appointment: 09/08/2005
 106. Place of appointment: Washington, DC
 107. Name of the justice: William Paterson
 108. Title of the justice: Justice of the Supreme Court
 109. Date of appointment: 09/08/2005
 110. Place of appointment: Washington, DC
 111. Name of the justice: Samuel Johnson
 112. Title of the justice: Justice of the Supreme Court
 113. Date of appointment: 09/08/2005
 114. Place of appointment: Washington, DC
 115. Name of the justice: John Adams
 116. Title of the justice: Justice of the Supreme Court
 117. Date of appointment: 09/08/2005
 118. Place of appointment: Washington, DC
 119. Name of the justice: John Jay
 120. Title of the justice: Justice of the Supreme Court
 121. Date of appointment: 09/08/2005
 122. Place of appointment: Washington, DC
 123. Name of the justice: John Jay
 124. Title of the justice: Justice of the Supreme Court
 125. Date of appointment: 09/08/2005
 126. Place of appointment: Washington, DC
 127. Name of the justice: John Jay
 128. Title of the justice: Justice of the Supreme Court
 129. Date of appointment: 09/08/2005
 130. Place of appointment: Washington, DC
 131. Name of the justice: John Jay
 132. Title of the justice: Justice of the Supreme Court
 133. Date of appointment: 09/08/2005
 134. Place of appointment: Washington, DC
 135. Name of the justice: John Jay
 136. Title of the justice: Justice of the Supreme Court
 137. Date of appointment: 09/08/2005
 138. Place of appointment: Washington, DC
 139. Name of the justice: John Jay
 140. Title of the justice: Justice of the Supreme Court
 141. Date of appointment: 09/08/2005
 142. Place of appointment: Washington, DC
 143. Name of the justice: John Jay
 144. Title of the justice: Justice of the Supreme Court
 145. Date of appointment: 09/08/2005
 146. Place of appointment: Washington, DC
 147. Name of the justice: John Jay
 148. Title of the justice: Justice of the Supreme Court
 149. Date of appointment: 09/08/2005
 150. Place of appointment: Washington, DC
 151. Name of the justice: John Jay
 152. Title of the justice: Justice of the Supreme Court
 153. Date of appointment: 09/08/2005
 154. Place of appointment: Washington, DC
 155. Name of the justice: John Jay
 156. Title of the justice: Justice of the Supreme Court
 157. Date of appointment: 09/08/2005
 158. Place of appointment: Washington, DC
 159. Name of the justice: John Jay
 160. Title of the justice: Justice of the Supreme Court
 161. Date of appointment: 09/08/2005
 162. Place of appointment: Washington, DC
 163. Name of the justice: John Jay
 164. Title of the justice: Justice of the Supreme Court
 165. Date of appointment: 09/08/2005
 166. Place of appointment: Washington, DC
 167. Name of the justice: John Jay
 168. Title of the justice: Justice of the Supreme Court
 169. Date of appointment: 09/08/2005
 170. Place of appointment: Washington, DC
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JAN 18 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 204

Local Reg. No.

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) Route #2	

3. CHILD'S NAME
(Type or Print) **Rose Merry Hiemstra**

4. SEX **fem.** 5a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐ 5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐ 6. DATE OF STILLBIRTH (Month) (Day) (Year) **December 13, 1954**

7. FATHER'S NAME a. (First) **GEORGE** b. (Middle) **S.** c. (Last) **HIEMSTRA** 8. COLOR OR RACE **WHITE**

9. AGE (At time of this birth) **#1** YEARS 10. BIRTHPLACE (State or foreign country) **Columbus, Montana** 11a. USUAL OCCUPATION **Farmer** 11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) **MERRY** b. (Middle) **DELL** c. (Last) **DYER** 13. COLOR OR RACE **white**

14. AGE (At time of this birth) **28** YEARS 15. BIRTHPLACE (State or foreign country) **Texas** 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT **George S. Hiemstra**

18a. LENGTH OF PREGNANCY (Specify) **WEEKS** 18b. WEIGHT AT BIRTH **LBS. OZS.** 19. Was a standard serological test for syphilis performed? Yes **No** Approximate date **32.4**

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

None

20b. MATERNAL CAUSES

Nephritis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR **Nephritis Mother** 22. STATE ALL OPERATIONS FOR DELIVERY **None**

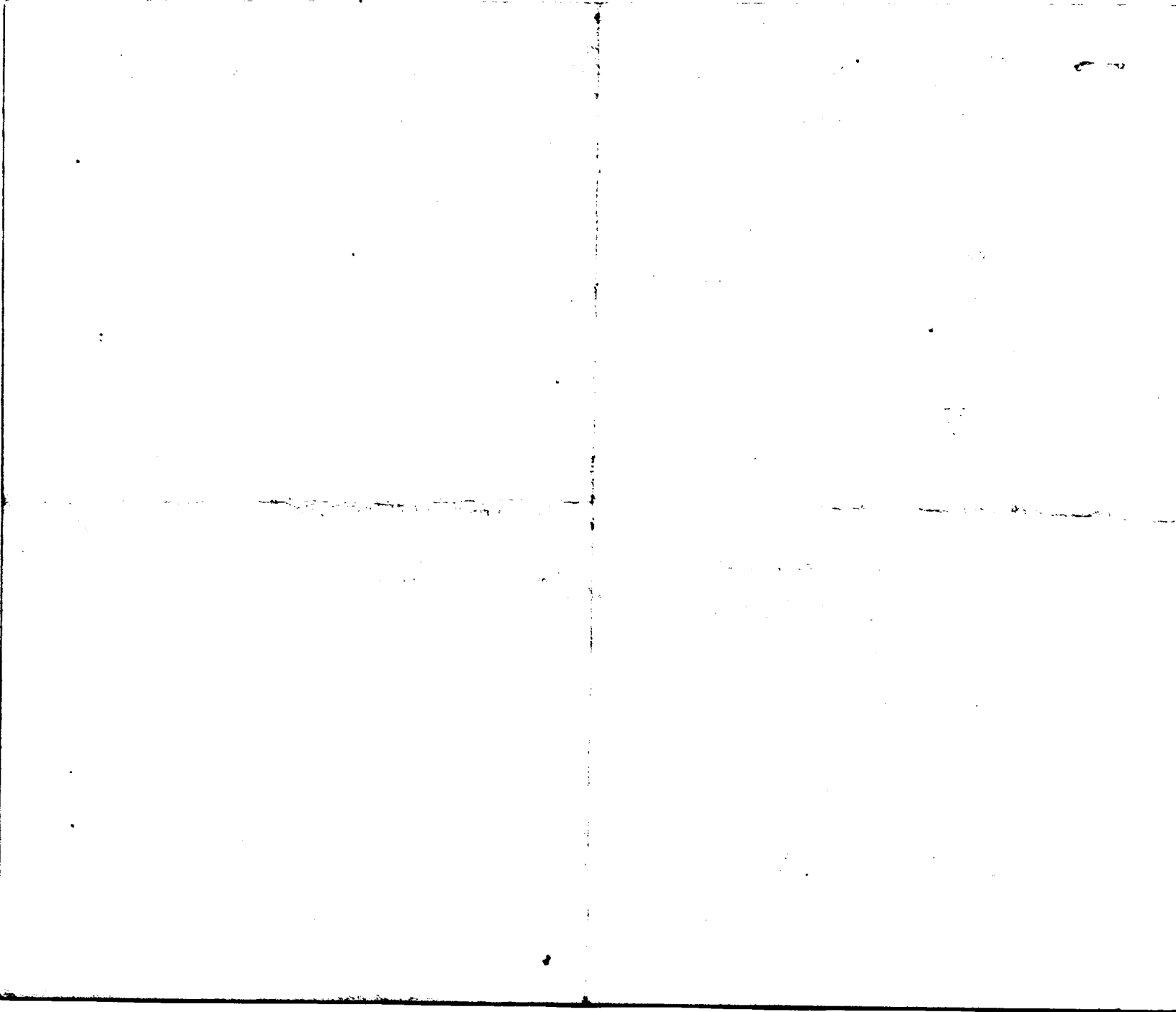
I hereby certify that I attended the birth of this child who was born dead on the date stated above at **m.** **Nampa, Idaho**

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) **R. L. Edwards M.D.** 23b. DATE SIGNED **12-18-54**

23c. ATTENDANT'S ADDRESS **Nampa, Idaho** If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 25b. DATE **12/14/54** 25c. NAME OF CEMETERY OR CREMATORY **Kohlerlawn** 25d. LOCATION (City, town, or county) (State) **Nampa, Idaho**

DATE REC'D BY LOCAL REG. **January 18, 1955** REGISTRAR'S SIGNATURE **Mr. James E. Edwards** 26. FUNERAL DIRECTOR ADDRESS **Nampa, Idaho**
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RECEIVED

(1949 Revision of Standard Certificate)

JAN 3 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 205

Local Reg. No. 353

Reg. Dist. No. 470

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2026 Normal Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Detton</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 26, 1954</u>
7. FATHER'S NAME a. (First) <u>Karl</u>		b. (Middle) <u>James</u>	c. (Last) <u>Detton</u>
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Hansen, Idaho</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lois</u>		b. (Middle) <u>Merrill</u>	c. (Last) <u>White</u>
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Paul, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Karl Detton</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>July, 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>True knot in cord</u>	
		20b. MATERNAL CAUSES <u>36.0</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>Dr. Fischer M.D.</u>	
23b. DATE SIGNED <u>12-28-54</u>		23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Garth Payne</u>		23e. TITLE <u>Burley</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	24d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-31-54</u>		25. FUNERAL DIRECTOR <u>J. Garth Payne</u>	
REGISTRAR'S SIGNATURE <u>Yvonne Mason</u>		ADDRESS <u>Burley</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEJAN 17 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

206

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ross Trailer Court</u>		d. STREET ADDRESS (If rural, give location) <u>East Main</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Nau</u>			
4. SEX	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec 31, 1954</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>Theodore</u> c. (Last) <u>Nau</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Caldwell Idaho</u>	11a. USUAL OCCUPATION <u>Auto parts</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Oran</u> b. (Middle) <u>E</u> c. (Last) <u>Burr</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>New Plymouth Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Robert T. Nau</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>4 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Unsettled umbilical cord</u>		20a. FETAL CAUSES <u>36.0</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature delivery</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:00</u> A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harmon E. Halverson M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Emmett Idaho</u>	
23b. DATE SIGNED <u>1-11-55</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>The Health Department</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Dec 31, 54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan 17 1955</u>	REGISTRAR'S SIGNATURE <u>Jan A. Beatty</u>		26. FUNERAL DIRECTOR <u>The Health Department</u> ADDRESS <u>Emmett, Idaho</u>

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JAN 18 1955

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 207
Local Reg. No. 34
Reg. Dist. No. 242

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lewis	
b. CITY OR TOWN Cottonwood		c. CITY OR TOWN Kamiah	
c. FULL NAME OF HOSPITAL OR INSTITUTION Our Lady of Consolation Hospital		d. STREET ADDRESS (If rural, give location) Box 305	
3. CHILD'S NAME (Type or Print) Stillborn Baby Boy Cox			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 23, 1954
7. FATHER'S NAME a. (First) Harold b. (Middle) Clifford c. (Last) Cox		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Ontario, Oregon	11a. USUAL OCCUPATION Section worker	11b. KIND OF BUSINESS OR INDUSTRY Railroad
12. MOTHER'S MAIDEN NAME a. (First) Goldie b. (Middle) Mary c. (Last) Benefield		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Trimont, Minnesota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Goldie Mary Cox - Mother			
18a. LENGTH OF PREGNANCY 31 weeks	18b. WEIGHT AT BIRTH 5 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date November 16, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Small calcified placenta		20a. FETAL CAUSES 36.6	
20b. MATERNAL CAUSES None known			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. J. Orr M. D.	
		23b. DATE SIGNED Dec 28, 1954	
23c. ATTENDANT'S ADDRESS Cottonwood, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL W. J. Orr	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12-24-54	25c. NAME OF CEMETERY OR CREMATORY Kamiah	25d. LOCATION (City, town, or county) (State) Idaho
DATE REC'D BY LOCAL REG. 12-24-1954		26. FUNERAL DIRECTOR ADDRESS Wesley J. Orr, M. D., 417 N. Cottonwood, Ida.	

UNITED STATES OF AMERICA

NAME		LAST		FIRST		MIDDLE	
DATE OF BIRTH		MONTH		DAY		YEAR	
PLACE OF BIRTH		CITY		STATE		COUNTRY	
EDUCATION		SCHOOL		DEGREE		YEAR	
OCCUPATION		EMPLOYER		POSITION		SINCE	
MARRIAGE		SPOUSE		DATE		PLACE	
CHILDREN		NAME		DATE OF BIRTH		PLACE OF BIRTH	
MILITARY SERVICE		BRANCH		RANK		PERIOD	
CIVIL SERVICE		AGENCY		POSITION		PERIOD	
REMARKS		REASON FOR ENTRY		DATE OF ENTRY		PLACE OF ENTRY	
SIGNATURE		DATE		PLACE		COUNTRY	
OFFICIAL USE		DATE		PLACE		COUNTRY	
FEE		AMOUNT		DATE		PLACE	
STAMP		DATE		PLACE		COUNTRY	
REMARKS		REASON FOR ENTRY		DATE OF ENTRY		PLACE OF ENTRY	
SIGNATURE		DATE		PLACE		COUNTRY	
OFFICIAL USE		DATE		PLACE		COUNTRY	
FEE		AMOUNT		DATE		PLACE	
STAMP		DATE		PLACE		COUNTRY	

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CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 208
Local Reg. No. 7
Reg. Dist. No. 1-20

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lake City General Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u> d. STREET ADDRESS (If rural, give location) <u>1008 N. 6th St.</u>		
3. CHILD'S NAME (Type or Print) <u>Lanette Palmer</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec 12 1954</u>		
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>B.</u> c. (Last) <u>Palmer</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bloomington, Idaho</u>	11a. USUAL OCCUPATION <u>Millworker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Potlatch Forests Inc.</u>		
12. MOTHER'S MAIDEN NAME <u>Delphine</u>		a. (First) <u>Delphine</u> b. (Middle) <u>Dahl</u> c. (Last) <u>Dahl</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Coeur d'Alene, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>James B. Palmer</u>					
18a. LENGTH OF PREG-NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>prematurity, spontaneous rupture membranes - 39.5</u>		20a. FETAL CAUSES <u>none</u>			
20b. MATERNAL CAUSES <u>none</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>all 20 A. Retained placenta - removed manually under anesthesia</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Manual removal of placenta</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>145</u> m.		23a. ATTENDANT'S SIGNATURE <u>Howard A. Hughes MD</u>		23b. DATE SIGNED <u>12-14-54</u>	
		23c. ATTENDANT'S ADDRESS <u>Coeur d'Alene, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 14, 1954</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>12-15-54</u>	REGISTRAR'S SIGNATURE <u>Laurine K. Brush</u>	26. FUNERAL DIRECTOR ADDRESS <u>By: Don English, English Chapel, Coeur d'Alene, Idaho</u>			

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(1949 Revision of Standard Certificate)

JAN 14 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 200

Local Reg. No. 8

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Ketron			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 12 31 54
7. FATHER'S NAME John		a. (First)	b. (Middle)
		c. (Last) Ketron	8. COLOR OR RACE White
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Wichita Kans	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Bonnie		a. (First)	b. (Middle)
		c. (Last) Finley	13. COLOR OR RACE White
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Batesville Ark	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mr. John Ketron			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 34.1	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Cephalo-pelvic disproportion	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.	
		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL Gilbert Yates	TITLE
25a. BURIAL, CREMATION, REMOVAL (If not) Burial	25b. DATE 1-3-55	25c. NAME OF CEMETERY OR CREMATORY Forest	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho
DATE REC'D BY LOCAL REG. 1-11-55		REGISTRAR'S SIGNATURE Lorraine K. Brush	
		26. FUNERAL DIRECTOR ADDRESS Gilbert Yates Coeur d'Alene, Idaho Seton Yates	

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(1949 Revision of Standard Certificate)

JAN 13 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 210

Local Reg. No. 259

Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 525 - 8th Street	
3. CHILD'S NAME (Type or Print) BABY GIRL LANGE			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 24, 1954
7. FATHER'S NAME a. (First) Richard		b. (Middle) Lange	
c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Warehouseman	11b. KIND OF BUSINESS OR INDUSTRY Auto Parts store
12. MOTHER'S MAIDEN NAME a. (First) Beulah		b. (Middle) Hoskin	
c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Richard Lange			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature placental separation	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hypertension & dependent edema		22. STATE ALL OPERATIONS FOR DELIVERY	
23a. ATTENDANT'S SIGNATURE A. J. White, M.D.		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS Lewiston, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL W. E. Black	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial		25b. DATE Dec. 24, 1954	
25c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery		25d. LOCATION (City, town, or county) (State) Clarkston, Washington	
DATE REC'D BY LOCAL REG. 12-27-54		26. FUNERAL DIRECTOR Brower-Wann Co.,	
REGISTRAR'S SIGNATURE Jean Negelina		ADDRESS Lewiston, Idaho	

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(1949 Revision of Standard Certificate)

DEC 15 1954

Division of Vital Statistics

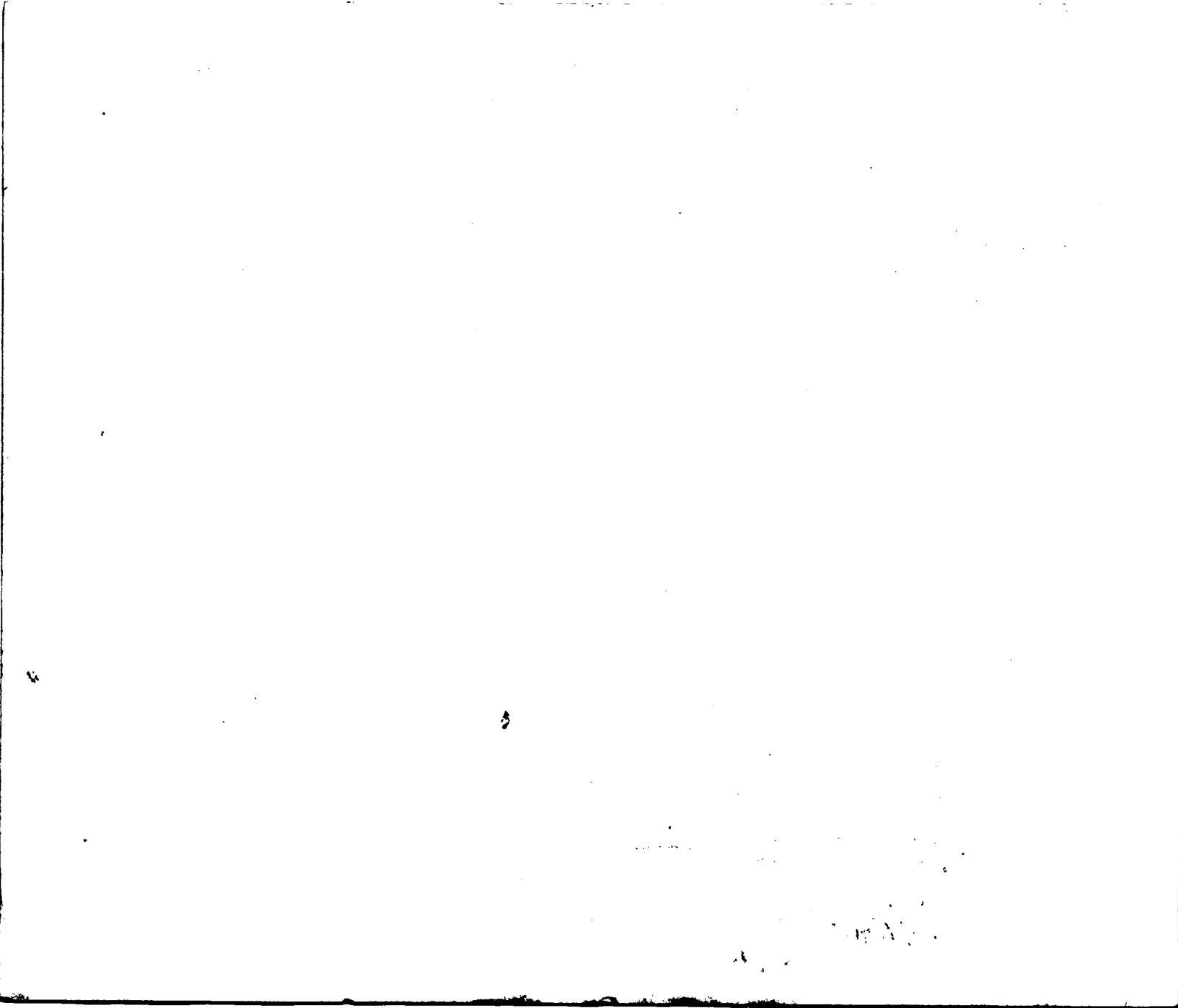
State of Idaho

State File No. 311

Local Reg. No. 244

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Neg Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) Rt # 1 -- Box 5B	
3. CHILD'S NAME (Type or Print) BABY SWAIN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 12/4/54
7. FATHER'S NAME a. (First) Wallace b. (Middle) D c. (Last) Swain		8. COLOR OR RACE White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Lonoke, Arkansas	11a. USUAL OCCUPATION Plasterer	11b. KIND OF BUSINESS OR INDUSTRY Contractor
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) K c. (Last) Newland		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Kooskia, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT W D Swain			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 30.3	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES asphyxia 20b. MATERNAL CAUSES hemorrhage for undisturbed	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY post mortem cesarian section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE W D Swain (Specify M. D., midwife, or other) 23b. DATE SIGNED Dec. 4, 54	
23c. ATTENDANT'S ADDRESS Lewiston, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL W D Swain TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 12/6/1954	25c. NAME OF CEMETERY OR CREMATORY Vineland	25d. LOCATION (City, town, or county) (State) Clarkston, Washington
DATE REC'D BY LOCAL REG. 12-6-54		25. GENERAL DIRECTOR W D Swain ADDRESS Clarkston, Washington	



RECEIVED		(1949 Revision of Standard Certificate)		State File No. 212	
FEDERAL SECURITY AGENCY		JAN 6 1955		Local Reg. No. 40	
PUBLIC HEALTH SERVICE		Division of Vital Statistics		Reg. Dist. No. 172	
CERTIFICATE OF STILLBIRTH			State of Idaho		
1. PLACE OF STILLBIRTH a. COUNTY Shoshone			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mullan		
c. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital			d. STREET ADDRESS (If rural, give location) 525 Earle		
3. CHILD'S NAME (Type or Print)					
Baby		Boy		McPhail	
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 29 1954		
7. FATHER'S NAME a. (First) Lloyd b. (Middle) C. c. (Last) McPhail		8. COLOR OR RACE White			
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Wallace Idaho	11a. USUAL OCCUPATION Miner	11b. KIND OF BUSINESS OR INDUSTRY Lucky Friday		
12. MOTHER'S MAIDEN NAME a. (First) Laura b. (Middle) Busch c. (Last) White		13. COLOR OR RACE White			
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None			
17. INFORMANT Mrs Laura McPhail Mother					
18a. LENGTH OF PREGNANCY WEEKS 7	18b. WEIGHT AT BIRTH 7 LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 25, 1954			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none.			
		20b. MATERNAL CAUSES Massive premature separation of placenta.			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR as 20b.			22. STATE ALL OPERATIONS FOR DELIVERY Caesarian Section		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Robert J. Russell M.D.		23b. DATE SIGNED 7 Nov 54	
		23c. ATTENDANT'S ADDRESS Wallace, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE Nov 30-54	25c. NAME OF CEMETERY OR CREMATORY united	25d. LOCATION (City, town, or county) (State) Wallace Idaho		
DATE REC'D BY LOCAL REG. Dec 8-1954	REGISTRAR'S SIGNATURE Dele L Cornell		26. FUNERAL DIRECTOR Dele L Cornell ADDRESS Wallace Idaho		

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(Revision of Standard Certificate)

JAN 28 1955

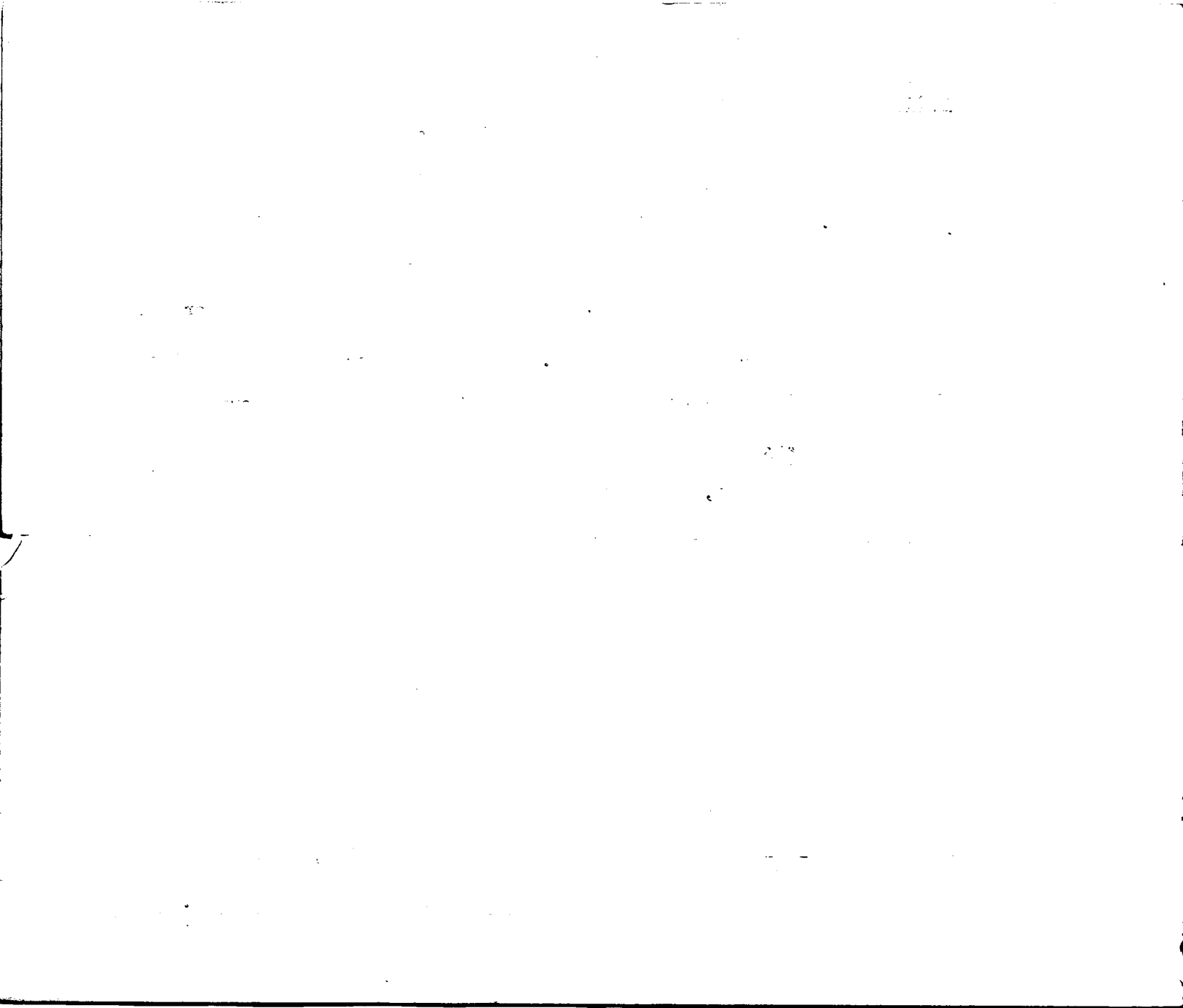
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 213Local Reg. No. 473Reg. Dist. No. 370

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>3009 Crescent Rim</u>		
3. CHILD'S NAME (Type or Print) <u>BABY GIRL FERDIG</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 10, 1954</u>		
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>R.</u> c. (Last) <u>Ferdig</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Filley, Nebraska</u>	11a. USUAL OCCUPATION <u>Baker</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>LaVella</u> b. (Middle) <u>Reed</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Beatrice, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>Charles R. Ferdig</u>					
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May 1954</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Foetus dead about 1 week.</u>			
		20b. MATERNAL CAUSES <u>Toxemia - 34th week</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY <u>Brach delivery - easy.</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>A. K. Koelsch</u> (Specify if M.D., midwife, or other)		23b. DATE SIGNED <u>12-13-54</u>	
		23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Conrad R. Palmer</u> TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>12-13-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Dry Creek Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Boise, Ada, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>1-4-55</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL DIRECTOR <u>RELYEA MORTUARY</u> ADDRESS <u>318 N. Latah Boise, Idaho</u>		



RECEIVED (1949 Revision of Standard Certificate)

JAN 28 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 214

Local Reg. No. 503

Reg. Dist. No. 372

1. PLACE OF BIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>1402 Allen St.</u>			
3. CHILD'S NAME ((Type or Print)) <u>BABY GIRL DONAT</u>							
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 26, 1954</u>				
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>Dewey</u> c. (Last) <u>Donat</u>		8. COLOR OR RACE <u>White</u>					
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>		11a. USUAL OCCUPATION <u>Buyer</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>C.C. Anderson Co.</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Fern</u> b. (Middle) <u>Lucille</u> c. (Last) <u>McFarlin</u>		13. COLOR OR RACE <u>White</u>					
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ava, Missouri</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?				
17. INFORMANT <u>John D. Donat</u> <u>Boise</u>							
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct. 14 '54.</u>					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Short cord around neck causing</u> 20b. MATERNAL CAUSES <u>Placental separation of placenta</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR				22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>H. H. H. H. H.</u> 23c. ATTENDANT'S ADDRESS			(Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>12. 3. 54</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>12-28-54</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Boise, Ada, Idaho</u>			
DATE REC'D BY LOCAL REG. <u>1-7-55</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL DIRECTOR <u>RELYEA MORTUARY</u>		ADDRESS <u>318 N. Latah</u> <u>Boise, Idaho</u>		

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(1949 Revision of Standard Certificate)

JAN 28 1955

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 215

Local Reg. No. 13

Reg. Dist. No. 310

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 435 So. 10th	
3. CHILD'S NAME (Type or Print) BABY GIRL ROMBOUGH			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 30, 1954
7. FATHER'S NAME a. (First) Ernest b. (Middle) Gerald c. (Last) Rombough		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Victor, B.C., Canada	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY I. S. C.
12. MOTHER'S MAIDEN NAME a. (First) Nancy b. (Middle) Esther c. (Last) Crawford		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Alhambra, Calif.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Ernest Gerald Rombough - father			
18a. LENGTH OF PREG. NANCY 40 WEEKS	18b. WEIGHT AT BIRTH Not done OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cytotrophoblastic Fetalis 20b. MATERNAL CAUSES None.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:28 P.m.		23a. ATTENDANT'S SIGNATURE H. L. Allen, M.D. 23b. DATE SIGNED 12-8-54	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Eva M. Wallin TITLE Reg. Mem. Hosp.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 11-31-54	25c. NAME OF CEMETERY OR CREMATORY Bannock Memorial Hospital	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. 1-18-55	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR Bar. Mem. Hosp.	

UNITED STATES DEPARTMENT OF JUSTICE

Handbook

1932-33

1932-33

Form with fields for Name, Address, and other personal information.

Form with fields for Date of Birth, Sex, and other personal information.

Form with fields for Education, Occupation, and other personal information.

Form with fields for Marital Status, Children, and other personal information.

Form with fields for Signature, Date, and other personal information.

Form with fields for Address, City, State, and other personal information.

Form with fields for Name, Address, and other personal information.

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(1949 Revision of Standard Certificate)

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Division of Vital Statistics

State of Idaho

State File No. 216

Local Reg. No. 5

Reg. Dist. No. 450

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Minidoka	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Rupert	b. COUNTY	Minidoka
c. FULL NAME OF HOSPITAL OR INSTITUTION	Rupert General Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Rupert
		d. STREET ADDRESS	(If rural, give location) Rt # 2

3. CHILD'S NAME
(Type or Print)

Shirlene Paoli

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) (Day) (Year) Dec 30 1954

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Richard	Leon	Paoli	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
28 YEARS	Rupert	Section Hand	U. P. P. R.

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Shirley	Berniece	Hunsaker	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
25 YEARS	Rupert	a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT	18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mrs Shirley Paoli	24 WEEKS	1 LBS. 0 OZS.	Approximate date

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24 WEEKS	1 LBS. 0 OZS.	Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity	20b. MATERNAL CAUSES not known
--	----------------------------------	-----------------------------------

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
--	---------------------------------------

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	23b. DATE SIGNED
	23c. ATTENDANT'S ADDRESS Rupert, Idaho	23b. DATE SIGNED January 5, 1955
	24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	TITLE

25a. BURIAL CREMATION REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Removal	Dec. 30-54	Rupert Cemetery	Rupert	Idaho

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Jan. 17-55	[Signature]	Rodney B. Goodman	Rupert Idaho

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION		WASHINGTON, D. C. 20535	
TO : DIRECTOR, FBI (100-441100)		FROM : SAC, NEW YORK (100-100000)	
SUBJECT: [REDACTED]		DATE: 10/10/68	
RE: [REDACTED]		CLASSIFICATION: [REDACTED]	
1. [REDACTED]		2. [REDACTED]	
3. [REDACTED]		4. [REDACTED]	
5. [REDACTED]		6. [REDACTED]	
7. [REDACTED]		8. [REDACTED]	
9. [REDACTED]		10. [REDACTED]	
11. [REDACTED]		12. [REDACTED]	
13. [REDACTED]		14. [REDACTED]	
15. [REDACTED]		16. [REDACTED]	
17. [REDACTED]		18. [REDACTED]	
19. [REDACTED]		20. [REDACTED]	
21. [REDACTED]		22. [REDACTED]	
23. [REDACTED]		24. [REDACTED]	
25. [REDACTED]		26. [REDACTED]	
27. [REDACTED]		28. [REDACTED]	
29. [REDACTED]		30. [REDACTED]	
31. [REDACTED]		32. [REDACTED]	
33. [REDACTED]		34. [REDACTED]	
35. [REDACTED]		36. [REDACTED]	
37. [REDACTED]		38. [REDACTED]	
39. [REDACTED]		40. [REDACTED]	
41. [REDACTED]		42. [REDACTED]	
43. [REDACTED]		44. [REDACTED]	
45. [REDACTED]		46. [REDACTED]	
47. [REDACTED]		48. [REDACTED]	
49. [REDACTED]		50. [REDACTED]	
51. [REDACTED]		52. [REDACTED]	
53. [REDACTED]		54. [REDACTED]	
55. [REDACTED]		56. [REDACTED]	
57. [REDACTED]		58. [REDACTED]	
59. [REDACTED]		60. [REDACTED]	
61. [REDACTED]		62. [REDACTED]	
63. [REDACTED]		64. [REDACTED]	
65. [REDACTED]		66. [REDACTED]	
67. [REDACTED]		68. [REDACTED]	
69. [REDACTED]		70. [REDACTED]	
71. [REDACTED]		72. [REDACTED]	
73. [REDACTED]		74. [REDACTED]	
75. [REDACTED]		76. [REDACTED]	
77. [REDACTED]		78. [REDACTED]	
79. [REDACTED]		80. [REDACTED]	
81. [REDACTED]		82. [REDACTED]	
83. [REDACTED]		84. [REDACTED]	
85. [REDACTED]		86. [REDACTED]	
87. [REDACTED]		88. [REDACTED]	
89. [REDACTED]		90. [REDACTED]	
91. [REDACTED]		92. [REDACTED]	
93. [REDACTED]		94. [REDACTED]	
95. [REDACTED]		96. [REDACTED]	
97. [REDACTED]		98. [REDACTED]	
99. [REDACTED]		100. [REDACTED]	